Non-scheduled Payments Authorization

Addition
To SWSS FAJ Payment MODULE

October 28, 2002

Last updated November 13, 2003
Last updated January 30,2009

SWSS Project
USER REQUIREMENTS

Table of Contents

1   INTRODUCTION

1.1   Purpose

Non scheduled payments are often referred to by field staff as "634 payments" which is a reference to the form used to record the payment details for the individual authorization requests, the FIA-634, Foster Care Non- scheduled Payment Authorization form. In order to pay a non-scheduled payment, the case must first be receiving or have received regular, ongoing board and care payments via the FIA-626, Foster Care Payment Authorization for the same service period. Exception is permanency focused pilot program last two payments.

The Payments module, in SWSS FAJ currently creates the FIA 626, Foster Care Payment Authorization for Board and Care and the Independent Living Allowance. The 626 is created based on information obtained from Placement, Funding , Provider and Member information in SWSS FAJ. The system also pends for Payment Document Control (PDC) approval, those 626's which require Central Office Policy or Zone staff approval.

The purpose of this document is to outline requirements to enhance the Payments module to permit entry of non-scheduled payments and allow for a similar pend process for those non-scheduled payments requiring central office Foster Care policy approval with entry by PDC. The pend process will be further enhanced to include the appropriate supervisory approval path for these payments based on standard and/or specific required approval paths as determined by policy or local office management. The automated supervisory approval path requirements are covered in a separate document.

1.2   Target Audience

This document is for the SWSS developers who are charged with creating a detailed design document for this module, as well as implementation of the requirements listed herein. It will also be of interest to development staff charged with maintaining the SWSS automated system.

The following personnel may also be interested:
- SWSS Trainers
- FIA Help desk personnel
- SWSS advance users
- SWSS project staff tasked with developing the User's guide
- CFS Policy staff
- Zone Children's Services Specialist
- Payment Document Control Unit in Children's Services Accounting

2 MODULE NARRATIVE

When FIA places a child in an out-of-home setting, a payment may be authorized for the board and care provider, child placing agency or even the children themselves (if the placement is in an independent living situation). These regular maintenance payments may be supplemented by Non-scheduled payments to cover various other needs as these arise. There are also "system-generated" non-scheduled payments to cover semi-annual clothing allowances and the annual holiday allowance. As stated earlier, in order to receive a non-scheduled payment, it is necessary for the children's services case to be receiving or have received a regular 626 board and care payment.

The foster care or juvenile justice worker may initiate the non-scheduled payment process by opening the child's case on SWSS, entering the placement information, opening the services case on CIS, completing the authorization details on the SWSS regular board and care (626) payments screen. For the permanency focused pilot program the initial incentive payment will be generated automatically upon board and care payment authorization.   When a new case is opened or a child re-enters care after being out of care for a year, the worker will be prompted to authorize an initial clothing allowance if appropriate. They then will be able to go to the Payments module and choose the payment option of Non-scheduled payment and complete an FIA-634 non-scheduled payment authorization request on SWSS FAJ. The payment module in SWSS FAJ will interact directly with the Model Payments System (MPS) on CIS and the results of the MPS transaction are then stored as SWSS data.

If SWSS recognizes that MPS is requiring the worker to submit the non-scheduled payment request with an approval from Central Office or Zone Office, the request may be pended so that PDC may access the request and either approve or reject it. If MPS authorizes the payment, the payment will be issued on the weekend's payroll run and will pay the next Thursday following the week in which the transaction was entered on MPS. SWSS will support adding new authorizations or modifying or deleting existing non scheduled payment authorizations up through the close of business each Friday evening. The weekly payrolls are run late every Friday night to be processed through MAIN and paid and mailed out during the following week. Payments will normally be issued to the primary care Provider; however payments for medical, dental and psychological providers can be paid directly to these providers if they are enrolled as Michigan Providers on MAIN and MPS.

3 NAVIGATION FLOW

3.1 Screen Interaction

The Payments module must have a screen to show the history of placements for the current case, and any payments authorized or pending to include Board and Care Authorizations and Non-scheduled payment Authorizations.

The user will be able to access a detail screen that will allow modification or deletion of an existing non scheduled payment authorization provided the authorization has not already been processed in the Friday payroll run. The user will also be able to access a detail screen to allow entry of a new non-scheduled payment, or printing the FIA-634 Non scheduled payment authorization form.

SWSS Payments data will be saved along with the result of the MPS transaction including the MPS transaction number. If a request was not accepted, it will pend and an exception request must be made to the Program Office for review. The Program Office will either access the pended authorization and dispose of it or will forward the paperwork to Payment Document Control (PDC) for their disposition. The pend process will require a special utility screen to be used exclusively by PDC users to access pended authorizations. The pend process will operate essentially the same as the FIA-626 pend process.

3.2 System Flow

Children and youth for whom non-scheduled payments are being requested must be living in a family foster home or residential setting at the time of the provided service in order to be eligible for the payment. Non-scheduled payments may be made on closed cases to retroactively pay benefits to which the children or youth were entitled. Requests for these payments are usually made by the foster care provider to the FIA direct service worker or to the Purchase of Service (CPA) agency worker who will forward the request to the FIA POS worker. The FIA worker will process the request on SWSS FAJ through the Payments module which will directly interface with the model payments payroll system.   We will request one or more new provider eligibility codes to handle payments for assisted care, tutoring and volunteer transportation.

4   REQUIREMENTS LIST

The comprehensive list of requirements derived from the original requirements, ensuing memos, emails, and test plan documentation.

4.1   Screen, Data, Out-of-Module, Output, Module and Miscellaneous Requirements

The following requirements were derived from the original requirements documents written by policy staff for the SWSS project. Any ensuing memos, emails, or test plans regarding the project were also searched. It is intended to be a comprehensive list of all requirements pertaining to the Non-scheduled Payments addition to the SWSS FAJ Payments module. Each individual requirement has a unique identifier; the three letter prefix identifies this particular module (NSP = Non-Scheduled Payments).

The list is to be used in a Requirements Traceability Matrix, which will be comprised of all the requirements for all the SWSS modules, so that the status of each requirement can be tracked and verified.

NSP-1 SCREEN REQUIREMENTS:

NSP-1.1 There must be a payments history screen that displays the child's non-scheduled payment authorizations approved or pended.

NSP-1.1.1 The payments history screen must display the following data elements:

NSP-1.1.1.1 All of the child's providers

NSP-1.1.1.1.1 Providers Name

NSP-1.1.1.2 The payment authorizations made to the providers

NSP-1.1.1.2.1 The service provider name authorized

NSP-1.1.1.2.2 Payment Authorization date – default to current date

NSP-1.1.1.3 Payment authorization begin date – display only with Service Codes 0805, 0810 and 0831

NSP-1.1.1.4 Payment authorization end date – display only with Service Codes 0805, 0810 and 0831

NSP-1.1.1.4.1 Service code

NSP-1.1.1.4.2 Amount

NSP-1.1.1.4.3 Funding Source

NSP-1.1.1.4.4 Pend status

NSP-1.1.1.4.5 MPS transaction number

NSP-1.1.2 There must be a mechanism to select a particular provider, which will then display only the payments authorization to that provider

NSP-1.1.3 There must be a mechanism to select a particular non-scheduled payment authorization, which will then be displayed on the detail screen for purposes of editing or printing the form FIA-634, Non-scheduled Payment Authorization Request

NSP-1.1.4 There must be a mechanism to add a new non scheduled payment authorization for the selected provider which will pre-fill the detail screen

NSP-1.1.5 There must be a mechanism to select a particular provider from the Provider module to add a new non-scheduled payment, which will then pre-fill the detail screen.

NSP-1.1.6 There must be a mechanism to close the screen and return to the source module (main menu, placements, or case closing).

NSP-1.1.7 The mechanism that displays the non-scheduled authorizations should, by default, select all non-scheduled payment authorizations.

NSP-1.1.8 Service codes

NSP-1.1.8.1 Non scheduled payments will be indicated by a 4 digit service code.

NSP-1.1.8.2 Rates below are current rates. But there must be a history of rates and dates associated with a rate.

NSP-1.1.8.3 The following codes and payment reasons can be initiated by the worker:

NSP-1.1.8.3.1 Initial Clothing   0800   General Code

NSP-1.1.8.3.2 Initial Clothing ages 0 to 5   0801 $210 maximum

NSP-1.1.8.3.3 Initial Clothing ages 6 to 12   0802 $310 maximum

NSP-1.1.8.3.4 Initial Clothing ages 13 to 18   0803 $500 maximum

NSP-1.1.8.3.5 Initial Clothing for ward child   0804 $210 maximum

NSP-1.1.8.3.6 School Tutoring   0805 $15 per hour maximum

NSP-1.1.8.3.7 Class ring   0830   up to $100 provided the youth has paid at least one fourth of the cost.

NSP-1.1.8.3.8 Graduation Expenses   0806 $200 maximum

NSP-1.1.8.3.9 There are two items reimbursable under graduation expenses: Senior Prom expenses to include tux rental, prom dress purchase up to $100. Senior cap and gown rental and incidental expenses such as announcements up to $100.

NSP-1.1.8.3.10 Birth Certificates   (out of state)   0879

NSP-1.1.8.3.11 Transportation   0809 – the maximum rate used is the State of Michigan Standardized travel rates to cover, unreimbursed medical transportation, FIA supervised foster parent transportation for a child to parental visits, preparatory visits to a child's re-placement.

NSP-1.1.8.3.11.1 Reimbursement can also be made for bridge, ferry or parking fees. Such reimbursement should not exceed $10.00 per occurrence <addendum 13, requirement 2>.

NSP-1.1.8.4 The following codes and payment reasons require supervisory approval:

NSP-1.1.8.4.1 Mental Health - Psychological Evaluations 0808 $500 maximum <addendum 9, requirement 1>

NSP-1.1.8.4.2 Assisted Care   0810 - The maximum approved is $15 per hour with a maximum of 8 hours per day. Requires child be at DOC level II or above (Level I DOC in Permanency Focused Initiative Program.)

NSP-1.1.8.4.3 Driver's education   0832

NSP-1.1.8.4.4 Permanency Focused Initiative Program:

NSP-1.1.8.4.5 Delayed Performance Standard Payment   0816 $1900

NSP-1.1.8.4.5.1 To qualify for this payment, the administrative rate authorized to the agency must be service code 0784 AND the child must be placed with a parent (LA 01 or 22), relative (LA 02, 23 or 27) or legal guardian (LA 03) or into independent living (LA 07) within 290 days of removal from his/her parents for this out of home placement episode.

NSP-1.1.8.4.5.1.1 Children placed initially with relatives do not qualify unless the child is returned to a parent within 290 days of the beginning of this placement episode.

NSP-1.1.8.4.5.1.2 If the living arrangement is 07 and the agency is receiving the 0783 service code, this payment cannot be made.

NSP-1.1.8.4.5.2 OR, To qualify for this payment, the administrative rate authorized to the agency must be service code 0784 AND parental rights must have been terminated (the child's legal status changed to 41 or 44) at a hearing held within 515 days of the date of removal from his/her parents for the out of home placement episode.

NSP-1.1.8.4.5.3 If the child reentered care after 366 or more days in LA 01, 22, 02, or 03, and the above requirements are met, another Delayed Performance Standard Payment may be authorized.

NSP-1.1.8.4.5.4 P/DC must have the ability to enter this service code as an exception transaction.

NSP-1.1.8.4.5.5(01/2009) WR2279:Service code adjustments(SC 0829)currently pend from worker to supervisor and then to P/DC for final approval and authorization. This request is that the edits be changed so that once the supervisor has approved the non-scheduled pended payment request-payment will be authorized, without requiring P/DC approval.

NSP-1.1.8.4.6 Delayed Sustained Action Payment – 6 mos. 0817 $1290

NSP-1.1.8.4.6.1 One time only payment. Once paid cannot be reauthorized for this child to either the same or a different provider.

NSP-1.1.8.4.6.2 The child must be maintained in an appropriate placement (LA's 01, 22, 02, 23, 27, 03 or 07-not SC 0783) for 6 months (183 days) from the end date of the foster care (LA 05) placement.

NSP-1.1.8.4.6.2.1 The placement may have changed from one of the five approved LA's to another in that group, but may not move to any other living arrangement during this time period.

NSP-1.1.8.4.6.2.2 If the child is placed in an appropriate placement, reenters out of home care and is then replaced in another appropriate placement, the 6 month (183 days) clock starts with the date of the second appropriate placement.

NSP-1.1.8.4.6.2.3 The child cannot have been AWOL at any time during the month immediately preceding the eligibility date for the six month sustainment payment. <addendum 8, requirement 3>

NSP-1.1.8.4.6.2.4 The board and care service code while the child was in care must have been 0784 <addendum 11, requirement 3>.

NSP-1.1.8.4.6.5 The administrative rate service code authorized to the child placing agency must have been 0784

NSP-1.1.8.4.6.3 OR, For permanent wards (Legal Status 41 or 44): The adoption must be finalized within seven months (213 days) of the date of termination of parental rights.

NSP-1.1.8.4.6.4 P/DC must have the ability to enter this service code as an exception transaction.

NSP-1.1.8.4.7 Delayed Sustained Action Payment – 12 mos.   0818 $1600

NSP-1.1.8.4.7.1 One time only payment. Once paid cannot be reauthorized for this child to either the same or a different provider.

NSP-1.1.8.4.7.2 P/DC must have the ability to enter this service code as an exception transaction.

NSP-1.1.8.4.7.3 The child must be maintained in an appropriate placement (LA's 01, 22, 02, 03 or 07-not SC 0783) for 12 months (365 days) from the end date of the foster care (LA 05) placement.

NSP-1.1.8.4.7.4 The administrative rate service code authorized to the child placing agency must have been 0784 <addendum 11, requirement 4>**.**

NSP-1.1.8.4.7.3.1 The placement may have changed from one of the five approved LA's to another in that group, but may not change to any other living arrangement during this time period.

NSP-1.1.8.4.7.3.2 ~~If the child is placed in an appropriate placement, reenters out of home care and is then replaced in another appropriate placement, the 12 month (365 days) clock starts with the date of the second appropriate placement.~~ If the child is placed in an appropriate placement for less than 365 days, reenters out of home care and is then replaced in another appropriate placement, the 12 month (365 days) clock starts with the date of the second appropriate placement. IF THE CHILD HAD BEEN IN THE APPROPRIATE PLACEMENT FOR 365 DAYS OR MORE, THE 0818 IS TO BE AUTHORIZED REGARDLESS EVEN THOUGH THE CHILD REENTERED CARE <MR of 9/25/03, Requirement 2>.

NSP-1.1.8.4.7.3.3 The board and care service code while the child was in care must have been 0784 <addendum 11, requirement 2>.

NSP-1.1.8.4.8 School Payment   0812 $40

NSP-1.1.8.4.8.1 Supervision must be provided by a child placing agency, not FIA.

NSP-1.1.8.4.8.2 The administrative rate service code authorized to the child placing agency must be 0784.

NSP-1.1.8.4.8.3 The authorization must pend to the supervisor for approval.

NSP-1.1.8.4.8.4 One time only payment. Once paid cannot be reauthorized for this child to either the same or a different provider.

NSP-1.1.8.4.8.5 P/DC must have the ability to enter this service code as an exception transaction.

NSP-1.1.8.4.9 Initial Teen Shelter Payment   0813 $1000

NSP-1.1.8.4.9.1 One time only payment. Once paid cannot be reauthorized for this child to either the same or a different provider. <addendum 8, requirement 1>

NSP-1.1.8.4.9.2 P/DC must have the ability to enter this service code as an exception transaction.

NSP-1.1.8.4.9.3 Youth must be age 13 years or older.

NSP-1.1.8.4.9.4 The child must have been removed from his/her own home (01 or 22) or legal guardian (03) and placed immediately into shelter care (09) on or after October 1, 2002. <addendum 8, requirement 2>

NSP-1.1.8.4.9.4.1 The living arrangement must have changed from 09 (shelter) to **01 (own home)** 02 (relative) **03 (legal guardian)** 05 (foster home) **or 07 (independent living)** within 30 days of the child's placement in LA 09 <addendum 8, requirement 1> **<addendum 11, requirement 3>**

NSP-1.1.8.4.9.5 The administrative rate service code authorized to the child placing agency must be 0784.

NSP-1.1.8.4.9.6 If the child returns to shelter (09) after placement in his/her own home (01), with a legal guardian (03) or for adoption (04) and the requirements in NSP-1.1.8.4.9.3 through NSP-1.1.8.4.9.5 are met, this payment may be authorized <addendum 11, requirement 4>.

NSP-1.1.8.4.10 Teen Placement Sustained Payment   0814 $1000

NSP-1.1.8.4.10.1 One time only payment. Once paid cannot be reauthorized for this child to either the same or a different provider.

NSP-1.1.8.4.10.2 P/DC must have the ability to enter this service code as an exception transaction.

NSP-1.1.8.4.10.3 Youth must be age 13 years or older.

NSP-1.1.8.4.10.4 The child must be maintained in an appropriate placement (LA's 01, 22, 02, 03 or 05) for 6 months (183 days) from the end date of the Shelter (LA 09) placement.

NSP-1.1.8.4.10.5 The placement may have changed from one of the five approved LA's to another in that group, but may not change to any other living arrangement during this time period.

NSP-1.1.8.4.10.6 The administrative rate service code authorized to the child placing agency must be 0784.

NSP-1.1.8.5 The following Non-scheduled payments require approval by Central Office, Foster Care Policy Office:

NSP-1.1.8.5.1 Special Clothing   0820   General Code

NSP-1.1.8.5.2 Special Clothing ages 0 to 5   0821 $210 maximum

NSP-1.1.8.5.3 Special Clothing ages 6 to 12   0822 $310 maximum

NSP-1.1.8.5.4 Special Clothing ages 13 to 18   0823 $500 maximum

NSP-1.1.8.5.5 Special Clothing for ward child   0824 $210 maximum

NSP-1.1.8.5.6 Medical Expenses   0825   -not covered by MA

NSP-1.1.8.5.7 Dentures, Dental Expenses   0826   -not covered by MA

NSP-1.1.8.5.8 Exceptional Request   0827

NSP-1.1.8.5.9 Service Code Adjustment   0829 (WR 2279,01/2009)

NSP-1.1.8.5.10 Out of State School Tuition 0831

NSP-1.1.8.6 The following are system-generated non-scheduled payments. These service codes can also be requested through the SWSS non-scheduled payment function if the system-generated payment missed a case that should have received the payment. Edits will prevent a duplicate issuance:

NSP-1.1.8.6.1 Semi-annual Clothing ages 0 to 12 0896 – February 28, August 31 – $107 allotment

NSP-1.1.8.6.1.1 P/DC must have the ability to enter this service code as an exception transaction<addendum 9, requirement 2>.

NSP-1.1.8.6.2 Semi-annual Clothing ages 13+   0897 – February 28, August 31 - $122 allotment

NSP-1.1.8.6.2.1 P/DC must have the ability to enter this service code as an exception transaction <addendum 9, requirement 2>.

NSP-1.1.8.6.3 Holiday Allowance   0898 – November 30 - $25

NSP-1.1.8.6.3.1 P/DC must have the ability to enter this service code as an exception transaction <addendum 9, requirement 2>.

NSP-1.1.8.6.4 Permanency Focused Initiative - Initial Placement Payment   0815 $2210

NSP-1.1.8.6.4.1 P/DC must have the ability to enter this service code as an exception transaction.

NSP-1.1.8.6.4.2 If the child is reentering care after 366 or more days in LA 01, 22, 02, 23, 27, 03 or 07 and the administrative rate authorized is 0784, another Initial Placement Payment is to be generated.

NSP-1.1.8.6.4.3 The administrative rate service code authorized to the child placing agency must be 0784 <addendum 11, requirement 5>.

NSP-1.1.8.6.4.4 If this service code has previously been paid to an agency for the current placement episode, additional payments for this service code cannot be made <addendum 11, requirement 6>.

NSP-1.1.8.6.4.2.1 If SC 0783 was authorized for LA 07, this payment cannot be made.

NSP-1.1.8.6.4.2.2 The 366 or more day requirement does not apply if the child returns to family foster care (05) after placement in his/her own home (01) with a legal guardian (03) or for adoption (04) and an Initial Placement Payment had not previously been authorized <addendum 11, requirement 7>.

NSP-1.1.8.6.4.5 If the initial out of home placement for this episode was funded through the county child care fund (i.e., the funding source in Placement was 3) for more than 5 days, the automatic 0815 payment must be suppressed (i.e., not processed). <MR of 9/25/03, Requirement 1>

NSP-1.1.8.7 Additional Provider requirements:

NSP-1.1.8.7.1 If the non-scheduled payment is to be paid to a provider other than the placement provider, such as an assisted care provider or a medical or dental provider, there should be a mechanism for the worker to be taken to the Provider module and be able to select the MPS enrolled provider from the pick list.

NSP-1.1.8.7.2 In order to make payments to a provider who does not have an MPS Provider number; there must be a mechanism in SWSS to complete the FIA-2351, Services Provider Enrollment Request form, in order to enroll the provider as a Model Payments provider.   The request will be processed through PDC who will handle the enrollment in MAIN which is also required.

NSP-1.1.8.7.3 If a new non-scheduled payment is to be authorized to a previously authorized non-placement provider, allow the provider to be selected from the 'All providers list' rather than forcing the user to the provider module to again select the provider <addendum 10, requirement 10>.

NSP-1.1.8.8   The following data elements will be needed for a FIA-634 payment request detail screen:

NSP-1.1.8.8.1 Function: (N)ew (D)elete (M) Modify

NSP-1.1.8.8.2 Case Number

NSP-1.1.8.8.3 Client ID

NSP-1.1.8.8.4 Log Number

NSP-1.1.8.8.5 Provider Number

NSP-1.1.8.8.6 Hours

NSP-1.1.8.8.7 Hourly Rate

NSP-1.1.8.8.8 Miles

NSP-1.1.8.8.9 Mileage Rate (Display) ~~This is currently (10/01/01) $.295/mile~~. It usually changes at the beginning of a fiscal year.

Wr2399:mileage rate has been change to $0.399/mile, effective date 01/01/2009.

NSP-1.1.8.8.10 Target Group / Legal Status

NSP-1.1.8.8.11 Fund Source

NSP-1.1.8.8.12 Living Arrangement

NSP-1.1.8.8.13 Worker Number

NSP-1.1.8.8.14 Charge County

NSP-1.1.8.8.15 Case Name

NSP-1.1.8.8.16 Child's Birthdate

NSP-1.1.8.8.17 Provider Name

NSP-1.1.8.8.18 Service Code

NSP-1.1.8.8.19 Payment Authorization date – Default to current date

NSP-1.1.8.8.20 Authorization Begin Date – display only with Service Codes 0805, 0810 and 0831

NSP-1.1.8.8.21 Authorization End Date – display only with Service Codes 0805, 0810 and 0831

NSP-1.1.8.8.22 FIA Payment Amount

NSP-1.1.9 There must be a screen that displays all pended authorization requests for all cases awaiting approval by a Supervisor, Program office, PDC.

NSP-1.1.10 ,There must be a screen that displays all pended authorization requests awaiting processing by Program Office or P/DC

NSP-1.1.11 The Supervisor or PROGRAM OFFICE or P/DC processing screen must display the following elements, and allow the display to be sorted by any of the elements:

NSP-1.1.11.1 Case #

NSP-1.1.11.2 Legal Status

NSP-1.1.11.3 Fund source

NSP-1.1.11.3.1 If the service code for the non-scheduled payment requires a fund source different than the board and care fund source, the funding source displayed must be the appropriate one for the non-scheduled payment <addendum 12, requirement 12>.

NSP-1.1.11.3.2 P/DC users must have the ability to change the fund source of the non-scheduled payment authorization <addendum 12, requirement 13>.

NSP-1.1.11.4 Client ID #

NSP-1.1.11.5 Date Pended

NSP-1.1.11.6 Log ID

NSP-1.1.11.7 Worker name

NSP-1.1.11.8 Worker load number

NSP-1.1.11.9 Approval indicator

NSP-1.1.11.10 Case name

NSP-1.1.11.11 Service code

NSP-1.1.11.12 Auto Message

NSP-1.1.11.13 Explanation/Reason

NSP-1.1.11.14 Provider ID

NSP-1.1.11.15 Amount

NSP-1.1.12 There must be a mechanism for the user to select a pended authorization request, which will then bring up the Payments Authorization Screen prefilled with the pended request.

NSP-1.1.12.1 There must be a mechanism for the user to reject the pended request.

NSP-1.1.12.1.1 The pended request should be deleted from SWSS.

NSP-1.1.12.1.2 The assigned worker should be notified electronically of the rejection.

NSP-1.1.12.2 There must be a mechanism for the user to approve the pended request.

NSP-1.1.12.2.1 The assigned worker should be notified electronically of the approval.

NSP-1.1.13 If a board and care authorization for family foster care or relative care is added retroactively and includes the date for the semi-annual clothing allowance (i.e., either 02/28/YYYY or 08/31/YYYY), this allowance must be automatically generated if not already authorized or paid for this time period.

NSP-1.1.14 If a board and care authorization is added retroactively and includes the date for the holiday allowance (i.e., 11/30/YYYY), this allowance must be automatically generated if not already authorized or paid for this time period.

NSP-1.1.15 Service codes 0808, 0825 and 0826 must be made to the board and care provider, the child placing agency (if there is one) or a provider type 45 in the Model Payment System.

NSP-1.1.16 The supervisor's NSP History screen must include the Log #, Primary worker load #, Case Name and Case Number.

NSP-1.1.17 When a non-scheduled payment authorization is pended to the supervisor, a tickler must be established for the supervisor. Once the pend is resolved, the tickler must be deleted.

NSP-1.1.18 Service codes 0805 and 0810 must be made to the board and care provider, the child placing agency (if there is one) or a new provider type for tutoring or assisted care in the Model Payment System.

NSP-1.1.19 Display a blue message that states: The Authorization Date(s) have been prefilled for you. Please carefully review it/them and change if necessary <addendum 11, requirement 8>.

NSP-2 DATA EDITING REQUIREMENTS:

NSP-2.1 The following list of Model Payments edits will need to occur within SWSS FAJ

NSP-2.1.1 Invalid format for authorization date

NSP-2.1.2 Invalid format for authorization end date

NSP-2.1.3 Auth end date cannot be prior to auth begin date

NSP-2.1.4 A P-suffix case cannot be opened for FIA-634 authorization

NSP-2.1.5 Begin date cannot be more than 35 months prior to the input date.

NSP-2.1.5.1 If the begin date is more than 35 months prior to the input date, service code 0827 must be used and the authorization must pend to PDC.

NSP-2.1.5.2 The following message should be displayed: The payment authorization date is prior to the payment history dates available on the Model Payments System. Thus, your request must be pended. Please use service code 0827, exceptional request, and submit documentation to support your request to Payment/Document Control Division in Lansing.

NSP-2.1.6 Begin date cannot be greater than current date when adding a new authorization.

NSP-2.1.7 Begin or end date cannot be before date of birth

NSP-2.1.8 Authorization end date not allowed past discharge of wardship date

NSP-2.1.9 The board and care fund source must be 2, 4, or 5 and payment must have been authorized for the timeframe covered by the 634 authorization

NSP-2.1.10 Target Group must be 40, 41, 42, 44, 45, 46, 51, 52, 90, 91, 92, 93, or 94

NSP-2.1.11 Invalid living arrangement for service authorized (service code)

NSP-2.1.12 See specifications below for correct combinations of Target Group /Legal Status (TG/LS) fund source (FS), and Living Arrangement (LA) for each service code:

NSP-2.1.13 Initial Clothing Allowance   Service codes 0800 through 0804

NSP-2.1.13.1 TG/LS = 40,41,42,44,45,46,51,52,90,91,92,93, and 94

NSP-2.1.13.2 FS = 2,4,5

NSP-2.1.13.3 LA = 2,5,9,23,24,25,27 and 13 <addendum 12, requirement 1>

NSP-2.1.14 School Tutoring   Service Code 0805

NSP-2.1.14.1 TG/LS = 40,41,42,44,45,46,51,52,90,91,92,93, and 94

NSP-2.1.14.2 FS = 2,4,5

NSP-2.1.14.3 LA = 2,5,7,23,24,25,27

NSP-2.1.15 Graduation Expenses   Service Code 0806

NSP-2.1.15.1 TG/LS = 40,41,42,44,45,46,51,52,90,91,92,93, and 94

NSP-2.1.15.2 FS = 2,4,5

NSP-2.1.15.3 LA = 2,5,7,13,23,24,25,26,27

NSP-2.1.16 Mental Health / Psychological Evaluations   Service Code 0808

NSP-2.1.16.1 TG/LS = 40,41,42,44,45,46,51,52, 92,and 93

NSP-2.1.16.2 FS = 2,4,5 (Fund source 2 must be changed to 4 behind the scenes)

NSP-2.1.16.3 LA = 2,5,7,9,23,24,25,27

NSP-2.1.17 Transportation   Service Code 0809

NSP-2.1.17.1 TG/LS = 40,41,42,44,45,46,51,52,90,91,92,93, and 94

NSP-2.1.17.2 FS = 2,4,5

NSP-2.1.17.3 LA = 2,5,9, 23,24.27

NSP-2.1.17.4 Supervising Agency must be FIA <addendum 11, requirement 1>.

NSP-2.1.18 Assisted Care   Service Code 0810

NSP-2.1.18.1 TG/LS = 40,41,42,44,45,46,52,90,91,92,93, and 94

NSP-2.1.18.2 FS = 2,4,5

NSP-2.1.18.3 LA = 2,5,24,25

NSP-2.1.19 Permanency Focused Initiative Payments   Service Codes 0815 through 0818

NSP-2.1.19.1 TG/LS = 41,42,44

NSP-2.1.19.2 FS = 2,4,5

NSP-2.1.19.3 LA = 2,5

NSP-2.1.20 Permanency Focused Initiative Payments   Service Codes 0813 through 0814

NSP-2.1.20.1 TG/LS = 41,42,44

NSP-2.1.20.2 FS = 2,4,5

NSP-2.1.20.3 LA = 2 or 5

NSP-2.1.21 Special Clothing Service Code 0820 through 0824

NSP-2.1.21.1 TG/LS = 40,41,42,44,45,46,52,90,91,92,93, and 94

NSP-2.1.21.2 FS = 2,4,5

NSP-2.1.21.3 LA = 2,5,7,13,23,24,25,26,27

NSP-2.1.21.4 The editing requirements in NSP-2.1.39 through NSP-2.1.39.3 do not apply. However, the maximum dollar amount for the child's age can not be exceeded per occurrence <addendum 13, requirement 1>.

NSP-2.1.22 Medical Expenses   Service Code 0825

NSP-2.1.22.1 TG/LS = 44,45,46,52, 92,and 93

NSP-2.1.22.2 FS = 2,4 (Fund source 2 must be changed to 4 behind the scenes)

NSP-2.1.22.3 LA = 2,5,7,9,23,24,25,27

NSP-2.1.23 Dentures / Dental Expenses   Service Code 0826

NSP-2.1.23.1 TG/LS = 44,45,46,52,92,and 93

NSP-2.1.23.2 FS = 2,4 (Fund source 2 must be changed to 4 behind the scenes)

NSP-2.1.23.3 LA = 2,5,7,9,13,23,24,25,26,27

NSP-2.1.24 Exceptional Request   Service Code 0827

NSP-2.1.24.1 TG/LS = 40,41,42,44,45,46,51,52,90,91,92,93, and 94

NSP-2.1.24.2 FS = 2,4,5

NSP-2.1.24.3 LA = 2,5,7,9,13,23,24,25,26,27

NSP-2.1.24.4 If there is no board and care payment authorization in effect for the time period requested, allow the authorization to pend <addendum 13, requirement 3>.

NSPf-2.1.24.4.1 If the living arrangement was 16, 19 or 20 for the time period requested, use the living arrangement and fund source from the immediately preceding placement as the information to be used to pend this authorization request <addendum 13, requirement 4>.

NSP-2.1.25 Driver's Education   Service Code 0832

NSP-2.1.25.1 TG/LS= 44, **46, 52, 92, 93** <addendum 9, requirement 3>

NSP-2.1.25.2 FS =4

NSP-2.1.26 Payments cannot be authorized beyond services redetermination date (Exception for Permanency focused Initiative payments)

NSP-2.1.26.1 If the service code is 0805 or 0810, the authorized period end date can extend a maximum of 6 days beyond the funding redetermination due date in order to enforce NSP-2.1.40.2.1 <addendum 11, requirement 5>.

NSP-2.1.27 Invalid charge county

NSP-2.1.28 Authorization for out-of-state provider must be done by central office

NSP-2.1.29 A new authorization cannot be before the placement date. An existing authorization can be modified or deleted without regard to the placement date.

NSP-2.1.30 Before allowing a user to request a new payment authorization, the system must check to make sure that the a board and care payment was in effect for the non-scheduled payment Service time period with the exception of Delayed Permanency Focused Initiative Payments.

NSP-2.1.31 If MPS Payment history is not available on SWSS, the user must be able to access the "rebuild function".

NSP-2.1.31.1 The rebuild function must not delete any payment authorization history that is more than 35 months in the past <addendum 11, requirement 13>.

NSP-2.1.32 The SWSS non-scheduled payment authorization process requires that a board and care payment authorization be active for the service period covered by the non-scheduled payment authorization.

NSP-2.1.32.1 If the authorization contains a range of dates, there must be a board and care authorization (or authorizations) in effect for the entire time period covered by the non-scheduled payment authorization <addendum 12, requirement 2>.

NSP-2.1.33 The board and care provider's eligibility to receive Title IVE funds must be checked before permitting a payment authorization with a funding source of "2" (Title IVE).

NSP-2.1.33.1 If the authorization is to a previous board and care provider, that provider's Title IVE eligibility is to be checked <addendum 10, requirement 1>.

NSP-2.1.34 If the board and care provider is not eligible to receive Title IVE funds, do not permit the authorization and display a message stating: "Title IVE foster care payments cannot be made to this provider."

NSP-2.1.35 The funding source effective date cannot be in the future.

NSP-2.1.36 If the Service provided is not eligible for IVE funding (such as medical and dental), the fund source for the non-scheduled payment must be changed to FS 04 or 05 depending on the child's legal status.

NSP-2.1.37 If the youth is age 19 years or older, funding source 2 (Title IVE cannot be used.)

NSP-2.1.38 If the youth is a dual ward with a legal status code of 90-94, this code must be translated to the appropriate Juvenile Justice legal status when interfacing with MPS. The codes are to be translated as follows:

NSP-2.1.38.1 Legal Status 90 = JJ Legal Status 40

NSP-2.1.38.2 Legal Status 91 = JJ Legal Status 40

NSP-2.1.38.3 Legal Status 92 = JJ Legal Status 46

NSP-2.1.38.4 Legal Status 93 = JJ Legal Status 46

NSP-2.1.38.5 Legal Status 94 = JJ Legal Status 40

NSP-2.1.39 Initial Clothing, Service Codes 0800 through 0803 must be made within 180 days of the initial out of home placement.

NSP-2.1.39.1 Any number of Initial Clothing payments can be made up to the maximum allowed. The system will have to keep a running total and warn of an amount exceeding the maximum and not allow payment over the maximum.

NSP-2.1.39.2 The maximum amount for initial clothing is based on the child's age at the time of initial out of home placement.

NSP-2.1.39.3 An initial clothing allowance can be re-authorized after a child has returned to own home for 6 months and then re-enters care.

NSP-2.1.40 There must be a method to determine hours per week for school tutoring so that the maximum of 10 hours per week is not exceeded.

NSP-2.1.40.1 School Tutoring is limited to children over the age of 10. Children under 10 must pend to the supervisor, and if the supervisor approves the authorization, to PDC for an exception.

NSP-2.1.40.2 **For service codes 0805 and 0810, t**here can be no overlap of payment periods. However the dates can span up to three months. <addendum 11, requirement 6>

NSP-2.1.40.2.1 The begin date must always be a Monday and the end date a subsequent Sunday.

NSP-2.1.40.2.1.1 If the week being authorized for the 0810 service code overlaps the start date of the level 2 DOC, the begin date of the 0810 does not have to be a Monday. However, it cannot be prior to the effective date of the level 2 DOC <addendum 11, requirement 7>.

NSP-2.1.40.2.2 There must be a board and care authorization in effect for the entire time period covered by the non-scheduled payment authorization <addendum 11, requirement 8>.

NSP-2.1.40.2.2.1 If the time period being authorized overlaps the begin date of a placement that cannot be paid, the end date does not have to be a Sunday. However, it cannot be after the new (non-paid) placement begin date <addendum 10, requirement 9>.

NSP-2.1.40.2.3 P/DC and the Program Office must have the ability to enter authorizations that are not in the seven day increments and/or start and/or end on days other than a Monday or Sunday <addendum 13, requirement 5>.

NSP-2.1.40.2.2.1 P/DC and the Program Office must have the ability to enter authorizations that exceed the rate and/or the hours per week limit <addendum 13, requirement 6>.

NSP-2.1.40.3 The total amount can not exceed $150.00 per week.

NSP-2.1.40.3.1 If the dates span more than one week, the total may not exceed $150.00 * the number of weeks.

NSP-2.1.41 Graduation Expenses are limited to children whose education module section indicates s/he is a senior.

NSP-2.1.42 For Class Ring, the child's education section must indicate that s/he is at least a sophomore

NSP-2.1.43 The Permanency Focused Initiative Program (Service codes 0812 to 0818) is restricted to Wayne County Abuse and Neglect cases only.

NSP-2.1.44 For initial clothing, service code 0800 will be used as a general service code. The system will check the child's birthdate and based on that information use the correct service code according to the child's age. This same method will be used for special clothing with 0820 being the general service code.

NSP-2.1.45 Youth whose board and care rate is Admin. Only, are not eligible for Service codes 0800to 0804 for Initial Clothing, nor service code 0809 for Transportation, nor for Permanency Focused Initiative Payments Service codes 0812 through 0818, nor Service codes 0820 through 0824 Special clothing, nor service code 806, graduation expenses, nor service code 830, class ring.

NSP-2.1.46 For non-scheduled payments where the dollar amount is a pre-determined set amount, pre-fill the payment amount field with the amount. Do not allow the amount to be manipulated.

NSP-2.1.47 Payment amount must be greater than 0.

NSP-2.1.48 Payment amount must be numeric.

NSP-2.1.49 Service authorized must be from valid list of values.

NSP-2.1.50 Service code entered requires zone or central office approval.

NSP-2.1.51 Funding source inconsistent with service authorized.

NSP-2.1.52 Provider number not on MPS Provider file.

NSP-2.1.53 Initial clothing allowance already paid for this child.

NSP-2.1.54 Initial clothing allowance must be made within 180 days of initial placement.

NSP-2.1.55 Authorized amount is greater than maximum allowed.

NSP-2.1.56 Authorization already exists for this same time period, and for the same service code, and for the same provider.

NSP-2.1.57 If service code equals 0808,0825,0826 and TG /LS = 44,45,46, 52, 92 or 93 and fund source =2, change FS to 4 for the non-scheduled payment only. This can be transparent to the worker.

NSP-2.1.58 If service code equals 0808 and TG /LS =40, 41, 42, 90, 91 or 94 and FS =2, change FS to 5 for the non-scheduled payment only.

NSP-2.1.59 If service code equals 0825 or 0826 and TG /LS =40, 41, 42, 90, 91 or 94 then display the following error message:

NSP-2.1.60 A youth with a legal status of 40, 41, 42, 90, 91 or 94 is not eligible for payment on the FIA-634 for Medical / Dental Expenses (Service codes 0825 and 0826).

NSP-2.1.61 The semi-annual clothing allowance authorization date must be 02/28/YYYY or 08/31/YYYY.

NSP-2.1.62 The Holiday allowance authorization date must be 11/30/YYYY.

NSP-2.1.63 ~~Semi-annual clothing allowance cannot be entered until after 03/08/YYYY or 09/08/YYYY.~~ <addendum 9, requirement 4>

NSP-2.1.64 ~~The Holiday allowance cannot be entered until after 12/08/YYYY.~~ <addendum 9, requirement 4>

NSP-2.1.65 Funding source invalid for authorization.

NSP-2.1.66 Youth is too young for service code entered.

NSP-2.1.67 There was no board and care authorization active for the service period indicated. Authorization cannot be done.

NSP-2.1.68 Board and Care Authorization has no ward children; cannot do ward child clothing allowance.

NSP-2. 1.69 Service Code Adjustment Service Code 0829

NSP-2.1.69.1 LS = 40, 41, 42, 44, 45, 46, 51, 52, 90, 91, 92, 93, and 94

NSP-2.1.69.2 FS = 2, 4, 5

NSP-2.1.69.3 LA = 13

NSP-2. 1.69.4 Supervising Agency code = CPA

NSP-2.1.69.5 The user must enter the new service code and the effective and expiration dates for this service code <addendum 12, requirement 3>.

NSP-2.1.69.5.1 The system must calculate the amount of the requested non-scheduled payment <addendum 12, requirement 4>.

NSP-2.1.69.5.1.1 The user can not change the calculated amount <addendum 12, requirement 5>.

NSP-2.1.69.5.1.2 P/DC users must have the ability to change this amount <addendum 12, requirement 6>.

NSP-2.1.69.5.2 The authorization must specify the begin and end dates for the period to be adjusted <addendum 12, requirement 7>.

NSP-2.1.69.5.3 The adjustment authorization must be for a single specific service code and be included in the same service code series. (i.e., a service code in the 074X series cannot be adjusted to a service code in the 078X series and vice versa <addendum 12, requirement 8>.

NSP-2.1.69.5.4 The per diem rate for service code being adjusted (i.e., for which payment was received) must be less than the per diem rate for the new service code <addendum 12, requirement 9>.

NSP-2.1.69.5.5 The period authorized cannot overlap existing authorization periods <addendum 12, requirement 10>.

NSP-2.1.69.5.6 P/DC users must have the ability to change the new service code and the effective and expiration dates within the authorization period <addendum 12, requirement 11>.

NSP-2. 1.69.4.1 LA = 2, 5, 7

NSP-2. 1.70 Class Ring Service Code 0830

NSP-2. 1.70.1 LS = 40, 41, 42, 44, 45, 46, 51, 52, 90, 91, 92, 93, and 94

NSP-2. 1.70.2 FS = 2, 4, 5

NSP-2. 1.70.3 LA = 2, 5, 7, 13, 23, 24, 25, 26, 27

NSP-2.1.71 Out of State School Tuition Service Code 0831

NSP-2. 1.71.1 LS = 44, 45, 46, 52, 92, 93

NSP-2. 1.71.2 FS = 4

NSP-2. 1.71.3 LA = 23, 24, 25, 26, 27

NSP-2.1.72 Birth Certificates Service Code 0879

NSP-2. 1.72.1 LS = 41, 42, 44, 45, 51, 52, 90, 91, 92, 93, and 94

NSP-2. 1.72.2 FS = 2, 4, 5

NSP-2.1.72.3 LA = 2, 5, 7, 13, 23, 24, 25, 26, 27

NSP-2.1.73 If the youth is in Independent Living (LA 07), s/he must be receiving an independent living stipend (SC 0703) to be eligible for a non-scheduled payment for special clothing (SC 0823),graduation expenses (SC 0806), class ring (SC 0830) or holiday allowance (SC 0898).

NSP-2. 1.73.1 These non-scheduled payments must be made directly to the youth even though supervision may be provided by a private child placing agency.

NSP-2. 1.73.2 The provider number for the non-scheduled payment must be 0000005.

NSP-2. 1.74 Youth in Independent Living (LA 07) are not eligible for the following non-scheduled payments: SC 0804 (Initial clothing for ward child), SC 0824 (Special clothing for ward child), SC 0810 (Assisted care) or SC 0831 (out of state school tuition).

NSP-2.1.75 The MCI ward (LS 44) must be at least 15 years of age to be eligible for Service Code 0832, Driver's Education.

NSP-2.1.76 The maximum amount that can be authorized for Service Code 0832 is $300.00.

NSP-2.1.77 Once Service Code 0832 has been paid, it cannot be authorized again for that youth.

NSP-2.1.78 Any date entered must be a valid date and cannot be in the future.

NSP-2.1.79 No changes can be made to existing authorizations until all pends have been resolved.

NSP-2.1.79.1 A blue message must be displayed advising the user that there are pending authorization(s) that must be resolved.

NSP-2.1.80 More than one non-scheduled payment authorization may be pended

NSP-2.1.80.1 If there is a pending authorization for the specific service code, a second authorization for that service code cannot be submitted <addendum 11, requirement 14>.

NSP-2.1.81 The user must have the ability to enter an explanation of (reason for) the non-scheduled payment <addendum 11, requirement 15>.

NSP-3 OUT-OF-MODULE REQUIREMENTS:

NSP-3.1 The following list of CIS edits must be retained in Model Payments and reported back to SWSS.

NSP-3.1.1 Case # X9999999X not on CIS

NSP-3.1.2 Independent living authorization must have SSN on CIS, or SWSS SSN does not match SSN on CIS).

NSP-3.1.3 CIS recipient date-of-birth invalid or SWSS date of birth does not match CIS date of birth.

NSP-3.1.4 Cannot delete authorization due to payment having already been made.

NSP-3.1.5 Provider #999999 invalid

NSP-3.1.6 Exception service code must be entered on exception terminal

NSP-3.1.7 Provider type is 99, invalid for service code 9999

NSP-3.1.8 Data sent from SWSS is invalid, re-submit authorization request. MPS must report back the specific field, which is invalid.

NSP-3.1.9 Authorization already exists for this same time period, and for the same service code, and for the same provider.

NSP-3.1.10 Accepted transaction – new authorization stored

NSP-3.1.11 Accepted transaction – authorization deleted

NSP-3.1.12 SECURITY REQUIREMENTS:

NSP-3.1.12.1 There must be a mechanism for SWSS security to identify users as a Supervisor OR P/DC user who will have approval authority to send transactions to MPS from the supervisor approval screen or P/DC-Payments module.

NSP-3.1.12.2 A PROGRAM OFFICE OR P/DC user will have access to the P/DC utility, which must be started immediately after successfully logging onto SWSS. When they exit the P/DC utility, SWSS will terminate completely.

NSP-3.1.12.3 If the current user is a PROGRAM OFFICE OR P/DC user and s/he came from the Utilities module, the user must be returned to the Utilities module when s/he wishes to leave the Payments Module. Also, the Sections menu on the Common Menu Bar must have all of its submenus disabled except for the Utilities submenu

NSP-3.1.12.4 There must continue to be a method of allowing P/DC access to STSM for cases that were closed before conversion to SWSS FAJ.

NSP-3.1.12.5 There must be a method of allowing P/DC access to STSM for closed SWSS FAJ cases.

NSP-4 MODULE REQUIREMENTS:

NSP-4.1 There must be a payment history screen that shows all of a child's non-scheduled payment authorizations. The payment authorizations display must include the begin date, end date, service code, payment amount, provider number, fund source, and MPS transaction number.

NSP-4.2 There must be a mechanism to allow the user to switch to the history screen for board and care payments.

NSP-4.3 There must be a mechanism to select an existing payment authorization to display on the payment detail screen.

NSP-4.4 There must be a mechanism to add a new payment authorization. The result of the request will be a Draft 634 to the supervisor.

NSP-4.5 There must be a method to complete all SWSS and MPS edits before sending to supervisor for approval.

NSP-4.6 There must be a mechanism to modify a payment authorization (provided payment has not been made). The result of the request will be a Draft 634 to the supervisor.

NSP-4.7 There must be a mechanism to delete a payment authorization if payment has not been made.

NSP-4.8 There must be a mechanism for the individuals involved in the electronic approval path or PROGRAM OFFICE OR P/DC to access pended authorization requests so that they can approve them. This must also allow them to enter the MPS transaction and save the approved results.

NSP-4.9 There must be a mechanism for PROGRAM OFFICE OR P/DC to view the entire SWSS FAJ case.

NSP-4.10 There must be a mechanism to print any payment authorization as an FIA-634.

NSP-4.11 There must be a mechanism SWSS to know when PDC approval / Program office approval is required and have the option to print an FIA -634 to be submitted to PROGRAM OFFICE OR P/DC for entry.

NSP-4.12 The following conditions require PROGRAM OFFICE OR P/DC entry of a payment authorization request: Service codes 0820 through 0824 for special clothing; service code 0825 Medical Expenses; 0826 Dentures / Dental Expenses; service code 0827 Exceptional Request , 0831 Out of state tuition.

NSP-4.13 There must be an automated mechanism to notify PROGRAM OFFICE OR P/DC of an exception request for a payment authorization. The mechanism may be in the form of a tickler, E-mail or other method to be determined.

NSP-4.14 There must be a mechanism for PROGRAM OFFICE OR P/DC to take action on all pended authorizations.

NSP-4.14.1 The Program Office or P/DC must be allowed access to the correction process to correct (i.e., undo) a previous Program Office or P/DC action.

NSP-4.15 There must be a mechanism for PROGRAM OFFICE OR P/DC to access the SWSS utility to approve or deny requests. PROGRAM OFFICE OR P/DC must be presented with a listing of pending requests. PROGRAM OFFICE OR P/DC must also be provided access to the specific SWSS case payment data from the list of pending requests.

NSP-4.15.1 When PROGRAM OFFICE OR P/DC approves an exception request for a pended authorization, there must be a mechanism to notify the worker of the approval.

NSP-4.15.2 When PROGRAM OFFICE OR P/DC denies an exception request for a pended authorization, there must be a mechanism to notify the worker of the denial along with a reason message and to delete the pended authorization request.

NSP-4.16 There must be a mechanism for the worker to delete a "Draft" request being sent to the supervisor or a pended request for an FIA 634 payment.

NSP-4.17 There must be a mechanism for the MPS error message or the accepted transaction number to be displayed to the user.

NSP-4.18 There must be a mechanism to save the accepted transaction number returned by MPS and associate it with the payment authorization saved in SWSS.

NSP-4.19 There must be a mechanism for SWSS to rebuild all of the history of payment authorizations based on the history returned by an MPS inquiry .

NSP-4.19.1 The mechanism for rebuilding the history of non-scheduled payments must be transparent to the user, accessible only for maintenance of SWSS.

NSP-4.20 The display of 634 payment authorization detail screen should show the service code and the rates or dollar amounts.

NSP-4.21 Payments and the P/DC utility in SWSS must be able to send the following data elements to MPS:

NSP-4.21.1 TP8 Transaction command

NSP-4.21.2 EXCEPTION PRIVILEGE

NSP-4.21.2.1 X: indicates that the SWSS user is a PROGRAM OFFICE OR P/DC worker and should be granted all the privileges of a P/DC CIS signon

NSP-4.21.3 FUNCTION (one of the following)

NSP-4.21.3.1 N: New authorization request

NSP-4.21.3.2 M: Modify / change to an existing authorization

NSP-4.21.3.3 D: Delete all or part of an unpaid authorization

NSP-4.21.4 PRE-EDIT INDICATOR

NSP-4.21.4.1 Y= Sent from worker for MPS editing (before going to sup)

NSP-4.21.5 CASE NUMBER

NSP-4.21.6 CLIENT ID NUMBER

NSP-4.21.7 PROVIDER NUMBER

NSP-4.21.8 SERVICE CODE

NSP-4.21.9 634 Payment Authorization Date

NSP-4.21.10 BEGIN DATE (when needed)

NSP-4.21.11 END DATE (when needed)

NSP-4.21.12 TARGET GROUP/LEGAL STATUS

NSP-4.21.13 FUNDING SOURCE

NSP-4.21.14 LIVING ARRANGEMENT CODE

NSP-4.21.15 AMOUNT

NSP-4.21.16 WORKER LOAD NUMBER

NSP-4.21.17 CHARGE COUNTY NUMBER

NSP-4.21.18 CLIENT BIRTHDATE: "MMDDCCYY"

NSP-4.21.19 CLIENT SSN: Nine digit social security number

NSP-4.22 Payments and the P/DC utility in SWSS must be able to capture the results of an MPS transaction and to handle the following possible outcomes:

NSP-4.22.1 The payment authorization request may be accepted as sent. Payments must save the data in SWSS, including the MPS accepted transaction number.

NSP-4.22.2 The payment authorization may be rejected. Payments must display the error message from MPS.

NSP-4.23 The worker ID# will need to be stored for each payment authorization, for audit purposes.

NSP-4.24 If the user performs an action after the database has timed the user out, SWSS must automatically reconnect to the database and continue working.

NSP-4.25 Central Office users (county 84) need inquiry access for case information.

NSP-5 OUTPUT REQUIREMENTS:

NSP-5.1 FIA-634 Non scheduled Payment Authorization Request Form

NSP-5.2 Data Elements on the FIA-634:

NSP-5.2.1 Field #1 : Accepted ~~CIS~~ **MPS** Transaction Number. **Will appear whenever a FIA-634 is printed for an authorization that has been accepted by MPS. Otherwise,** Will be blank. For Program Office or P/DC use if necessary. <addendum 10, requirement 2>.

NSP-5.2.2 Field #2 : Function

NSP-5.2.3 Field #3 : Case Number

NSP-5.2.4 Field #4 : Case Name.(Last, First, Middle Initial)

NSP-5.2.5 Field #5 : Client ID Number

NSP-5.2.6 Field #6 : Child's Date of Birth

NSP-5.2.7 Field #7 : Target Group/Legal Status

NSP-5.2.8 Field #8 : Funding Source

NSP-5.2.9 Field #9 : County Number

NSP-5.2.10 Field #10 : District Number

NSP-5.2.11 Field #11: Section Number

NSP-5.2.12 Field #12 : Unit Number

NSP-5.2.13 Field #13 : Worker Number

NSP-5.2.14 Field #14 : Model Payments Provider Number

NSP-5.2.15 Field #15 : Social Security or Federal Tax Number

NSP-5.2.16 Field #16 : Authorization Date or Begin Date

NSP-5.2.17 Field #17 : End Date

NSP-5.2.18 Field #18 : County Charged

NSP-5.2.19 Field #19 : Provider Name

NSP-5.2.20 Field #20 : Supplemental Address

NSP-5.2.21 Field #21 : Mailing Address

NSP-5.2.22 Field #22 : City

NSP-5.2.23 Field #23 : State

NSP-5.2.24 Field #24 : Zip Code

NSP-5.2.25 Field #25 : Payment Reason(s) and Service Code(s)

NSP-5.2.25.1 Each service code and the associated payment reason are detailed.

NSP-5.2.26 Field #26 : Local Office Worker Signature and Date

NSP-5.2.27 Field #27 : Supervisor's Signature and Date

NSP-5.2.28 Field #28 : Local Office Director Signature and Date

NSP-5.2.29 Field #29 : District Manager Signature and Date

NSP-5.2.30 Field #30 : Manager Signature and Date

NSP-5.2.31 Field #31 : Zone Manager Signature and Date

NSP-5.2.32 Field #32 : Central Office Signature and Date

NSP-6 MISCELLANEOUS REQUIREMENTS: MPS REQUIREMENTS

NSP-6.1 There must be an authorization TPR that will accept a SWSS authorization request (new, modify, or delete), update the MPS database, and return authorization and error information to SWSS.

NSP-6.2 There must be a mechanism to receive SWSS data elements:

NSP-6.2.1 TRANSACTION COMMAND.

NSP-6.2.2 EXCEPTION STATUS (one of the following)

NSP-6.2.2.1 "X" which indicates that the SWSS user is a Program Office or P/DC worker, and should be granted the privileges of a P/DC CIS exception status

NSP-6.2.2.2 Blank, which indicates that the SWSS user is a CIS file maintenance user. All MPS edits apply.

NSP-6.2.3 FUNCTION (one of the following)

NSP-6.2.3.1 N: New authorization request

NSP-6.2.3.2 M: Modify / change to an existing authorization request prior to issuance of payment

NSP-6.2.3.3 D: Delete all or part of an existing unpaid authorization

NSP-6.2.4 Pre-Edit Indicator

NSP-6.2.4.1 Y = Worker MPS pre-editing

NSP-6.2.5 CASE NUMBER

NSP-6.2.6 PROVIDER NUMBER

NSP-6.2.7 CLIENT ID

NSP-6.2.8 SERVICE CODE

NSP-6.2.9 AUTHORIZATION DATE/BEGIN DATE

NSP-6.2.10 END DATE

NSP-6.2.11 TARGET GROUP / LEGAL STATUS

NSP-6.2.12 FUNDING SOURCE

NSP-6.2.13 LIVING ARRANGEMENT CODE

NSP-6.2.14 WORKER LOAD NUMBER

NSP-6.2.15 CHARGE COUNTY NUMBER

NSP-6.2.16 AMOUNT

NSP-6.2.17 CLIENT BIRTHDATE

NSP-6.2.18 CLIENT SSN

NSP-6.3 There must be a mechanism to edit the data elements received from SWSS and to return an error message if any element is missing, in an incorrect format, or otherwise in error. The error message to SWSS must specify the element(s) in error.

NSP-6.4 There must be a mechanism to edit the authorization request received from SWSS against the CIS database. The following list of CIS edits must be retained in Model Payments and reported back to SWSS if violated.

NSP-6.4.1 Case not on CIS database.

NSP-6.4.2 Recipient not on CIS database.

NSP-6.4.3 Independent Living authorization must have SSN on SWSS, or SWSS SSN does not match SSN on CIS

NSP-6.4.4 CIS recipient Date-of-birth invalid, or SWSS date-of-birth does not match CIS date-of-birth

NSP-6.4.5 CIS case has more than one recipient

NSP-6.5 There must be a mechanism to edit the SWSS authorization request against the MPS database, specifically the authorization area, the provider area, and the payment area. The following list of MPS edits must be retained in Model Payments and reported back to SWSS if violated.

NSP-6.6 Exception service code must be entered by P/DC with exception status

NSP-6.7 Authorization needs P/DC exception status

NSP-6.8 Authorization cannot be more than 35 months prior to the input date.

NSP-6.9 Cannot delete authorization due to payments

NSP-6.10 Provider is invalid, use valid number for this provider

NSP-6.11 Provider type is invalid for service code

NSP-6.12 Authorization already exists for this same time period, and for the same service code, and for the same provider.

NSP-6.13 There must be a mechanism to identify P/DC exception authorizations, and to bypass some of the above edits for them

NSP-6.14 There must be a mechanism to store a new authorization if all edits are passed.

NSP-6.15 There must be a mechanism for returning all of the results from the MPS transaction to SWSS in a format that can be used to update the SWSS database.

NSP-6.16 Accepted transaction – new authorization(s) stored

NSP-6.17 Accepted transaction – authorization modified

NSP-6.18 Accepted transaction – authorization(s) deleted

NSP-6.19 There must be a mechanism to write a log record for provider notification

NSP-6.20 There must be a mechanism to return all authorization for a Case/Client/Provider to SWSS.

NSP-6.21 WR2279: "PDC" or similar references will be changed to "Federal Compliance Office, Funding Unit".

5 EXAMPLE OUTPUT

The following are examples of the screen print for a variety of placements, followed by the FIA 626 which would print for these placements.

6 DATA ELEMENTS

7   HELP MESSAGES

7.1   F1 Help for the Payment Module:

PAYMENT
Purpose
Maintain a history of board and care authorizations and non-scheduled payment authorizations made through
the Model Payments System.

- Automate input of payment authorization data into the Model Payments System (MPS).

Composition
The Payment section includes three screens; Payment Authorization History, Payment Authorization Request
Board and Care 626 and Payment Authorization request Non Scheduled 634. All automated payment
authorization functions take place on these screens.

- The **Payment Authorization History** screen provides the user the option to choose the history type to be
  displayed, Board and Care or Non-scheduled. The history screen displays authorizations by Provider as
  selected from the provider pick list. Action buttons allow the user to Add, Update and view authorizations
  or return to the Main Menu.

- The **Payment Authorization Request Board and Care 626** screen displays the funding redetermination
  due date, placement data and case demographic information in the upper part of the screen. Data entry
  fields are located in the lower part of the screen. Action options allowed the user are New, Modify,
  Terminate, Delete and View and are active to the user based on the Action selected on the History screen.
  Command buttons are: **Rates/Service Codes** allow display changes, **Change serv code** allows changes to
  Service Codes for new authorizations, **Print FIA-626** generates a print of the authorization, **Cancel** returns
  the user to the History screen, **Pend** is used for authorizations requiring Zone or Central office approval and
  Continue which triggers SWSS to proceed with the authorization request. In View mode the user can select
  the **Close** button to be returned to the History screen.

- The **Payment Authorization Request Non-scheduled 634** screen displays case demographic information
  in the upper portion of the screen. The lower portion of the screen includes data entry fields. Action
  options include New, Modify, Delete and View and are active based on the Action selected from the History
  screen.

- Command buttons include: **Print FIA-634**-generating a print of the authorization, **Cancel** which returns the
  user to the History screen and **Continue** which triggers SWSS to proceed with the authorization request.

Cases must be active on SWSS FAJ and CIMS for payments to be authorized. Notification of the disposition of
a pended authorization is done through automated e-mail to the user.

8 MODULE DEPENDENCIES

9 SCENARIOS

10 TEST PLANS

11 SOURCE MATERIAL

The following items are included for historical purposes only. The current requirements were derived from this source material, and are, in places, out of date, incorrect, or conflicting.

11.1 Original Requirement

CHILDREN'S *SWSS*
REQUIREMENTS FORM

Assigned Policy Analyst:	Pat Wilson
Date Received By BuIS:	
Requirement # (from BuIS):	

TOPIC: PAYMENT AUTHORIZATION PROCESS
CWFIS WITH SWSS
for Foster Care and Delinquency Payments Updated 10/16/97

---

1. <u>BUSINESS PROCESS</u>. Describe the current business process for the requested enhancement. Be specific, Include all forms, documents, letters and services manual policy related to the procedure. Prior to the completion of this form, discuss this process with the pilots to determine how this procedure is done in their county. Resolve discrepancies and work out any conflicts with current policy.

Details regarding the Payment Authorization Process are contained in the Services Manual, Payment Resources Section Items #903.1 through #905.3. Current practices and policy will be changed with the implementation of CWFIS (Child Welfare Financial Information System) anticipated in June 1998 which will replace the current BG Payment System.

 SWSS will be used to authorize *regular*, ongoing board and care payments for foster care, independent living, supervising agency administrative costs and institutional care. It will also be used to authorize *non-scheduled* foster care payments such as for special clothing needs, graduation expenses etc. The payment authorizations will be made by electronic interface with the CIS Model Payments system (MPS). This interface with MPS includes positive billing with an invoice processing feature for use in making payments to FIA foster care homes, child placing agencies and institutions. Independent living payments will be paid out directly for a pay period in the future, without an invoice (negative billing).

Regular ongoing payments are being referred to as the *626* procedure and the non-scheduled payments are being referred to as the *634* procedure. These numbers refer to the paper form numbers historically associated with these foster care payment processes. These number references are for use in this document *only* and should not be used or referred to in the actual SWSS screens or instructions.

This requirements package assumes there will be an Electronic Approval path. Requirements for Electronic Approval are contained in a separate document. Electronic Approval will allow for communication among Local Offices, their respective Zone offices, the Central Office Program Office and Payment / Document Control. As determined by policy rules, certain payment authorizations for both the 626 and 634 require prior approval by either or both the zone and the Policy Office and entry by P/DC. Electronic approval will involve use of automated ticklers to notify the next level of authority to make a decision, to enter the result on SWSS, and to pass the information to P/DC. P/DC will then perform all the necessary transactions on CIS, MPS and SWSS. Local offices will be able to see the progression along the approval path by viewing results on the pended payment authorization screen. Separate (sign on) security levels for the various lines of authority will control access to the restricted payment authorizations.

In the event that the electronic approval path procedure is delayed to a later phase of SWSS development, then the 626 and 634 forms will have to be retained and printed off in SWSS whenever approval would be required from other levels of FIA management. In this scenario, the paper forms would be used to FAX or mail to appropriate zone and / or program office to secure approval signatures. The paper forms would then go to Payment / Document Control. P/DC would perform the transactions necessary to activate the authorization. This could include a CIS transaction to enroll a provider, a CIS transaction to add the information to CSMIS and a SWSS transaction to add the provider MPS # to the placement screen to create an authorization with the completed information. The SWSS payment authorization is then automatically transmitted to CIS Model Payments.

Although there are many data elements involved and important in the payment authorization process, <u>three</u> are key: 1) Client/Recipient ID Number, 2) the MPS Provider Number and 3) the Service Code. The provider number and service code determine the amount to be paid and to whom ; the CID/RID identifies the child on whose behalf payment is being authorized and paid. Payment rates vary by agency and by level of service and are determined by contractual arrangement with the FIA. The level of service (sometimes referred to as programs by level of care) is indicated by the 4 digit numeric Service Code, see attached list.   Rates and levels of service provided by an agency may change from time to time as contracts with FIA are re-negotiated. The current and historical rates will be maintained on the SWSS system.   A provider's individual rate for a particular level of service can be viewed in the Provider Management screens under the specific provider's information.

The **FIA 626 procedure** is used to authorize board and care payments. Details, service codes and edits for each are included in this document.
The first group can be authorized **On-Line in the Local Office**, the second group requires **Zone Office Approval and Payment / Document Control Entry**, the third group requires both **Zone Office <u>and</u> Program Office Approval and Payment / Document Control Entry**, and the fourth group requires **Program Office Approval and Payment / Document Control Entry**.

Following is a list of regular ongoing payments (626):

On-Line in the Local Office:
1. Regular FIA foster care payment authorizations, including Independent Living Allowance
2. Difficulty of Care or Medically Fragile levels I, II and III where appropriate
3. Former MCI Ward in School or Training, after age 19
4. Youth Eligible Between age 18 and 19
5. State Ward in Unlicensed Relative Placement in Michigan (with no DOC)
6. Grandfathered Exceptions (extensions only, placed prior to 10/31/94). A dollar amount will need to be entered.
7. P.A. 150 State Ward, Jurisdiction to Age 21
8. Administrative Rate for Child Placing Agencies (which include foster care rate)
9. Residential Institution
10. State Ward in Adult Foster Care
11. Budgetable Income - Unearned Income
12. Budgetable Income - Earned Income
13. Administrative Rate <u>Only</u> for Child Placing Agencies
14. Psychiatric Hospital Personal Allowance

Zone Office Approval and Payment / Document Control Entry
1. Difficulty of Care Level IV. A dollar amount will need to be entered.

Zone Office Approval <u>and</u> Program Office Approval, Payment / Document Control Entry
1. State Ward in Unlicensed Relative Placement, Out-of-State, requesting DOC
2. State Ward in Unlicensed Relative Placement, In-State, requesting DOC
3. Youth in Out-of-State, Family Foster Care requesting DOC

Program Office Approval, Payment / Document Control Entry
1. Youth in Out-of-State, Residential Care
2. State Ward in Unlicensed Relative Placement, Out-of-State
3. Youth in Out-of-State, Family Foster Care
4. Approved Non Contracted Placement

The **FIA 634 procedure** is used to authorize payments for 13 categories of non-scheduled payments. Details and edits for each are included in this document. The first group can be authorized **On-Line in the Local Office**, the second group requires **Program Office Approval and Payment / Document Control Entry**.

Non-scheduled payments will be made directly to the board and care provider with the exception of mental health, dental and some medical services. Payment for these services will be the exception since Medicaid will generally cover these services. When a mental health, dental or medical provider must be paid, the MPS provider ID number must be included in the authorization in place of the MPS board and care provider ID number.   The MPS provider ID numbers will be available in the MPS provider inquiry on CIS.   The mental health providers may also be listed in Provider Management in SWSS if the provider's services are frequently used by the local office.

Following is a list of non scheduled payments (634):

On-Line in the Local Office:

1. Initial Clothing Allowance
2. Graduation Expenses
3. Mental Health Services
4. Mental Health / Psychological Evaluation
5. Transportation
6. Assisted Care
7. Permanency Focused Reimbursement Pilot Program

Program Office Approval and Payment / Document Control Entry.

1. Special Clothing Allowance
2. School Tutoring
3. Medical Expenses
4. Dentures / Dental Expenses
5. Exceptional Requests
6. BG Payment System Corrections

2. SWSS INTEGRATION. Describe how this process should be integrated into the *SWSS* application. If applicable, list preceding and subsequent screens to help define system flow. Also include a flow chart whenever possible.

The SWSS Payment Authorization processes require that the child's / youth's case to be open on SWSS and CIS. SWSS will generate the 5S to open the case on CIS. MPS will do a CIS check at the time of authorization to be sure the case is open on CIS. If the case is not yet open on CIS, an error message will be returned from CIS to SWSS rejecting the payment authorization.

There will be a Payment Authorization Icon on the SWSS main menu.   However, entry to authorization by way of the Icon on the SWSS main menu will be used primarily for non-scheduled payment authorizations or for inquiry both to the current authorization period and for inquiry on historical authorization periods. SWSS will retain a history of all authorizations from the time of CWFIS implementation.

Authorization screens will copy forward a minimum of 14 data elements from other SWSS screens. Four additional data elements may be displayed based on age and conditional edits. These 4 are County Charged, Authorized Past Age 18, Budgetable Income and Program Name/ Service Code.

Display data elements would include, along with the screen on which they are entered, or first appear:

Case Name	Member Information
Case Number	Member Information
Log Number	Member Information
Worker Number	Member Information
Date of Birth	Child Data
Client ID / Recipient ID	Child Data
County Charged (permanent wards only)	Legal Information
Target Group/ Legal Status	Legal Information
Eligibility	Funding Determination
Funding Redetermination Date	Funding Determination
Authorized Past Age 18 yes/no	Funding Determination

(activate only after age 17, see note *1,)

Budgetable Income, when applicable	Funding Determination
Funding Source	Placement
Living Arrangement	Placement
Program Name / Service Code	Placement

(when applicable, see note *2)

Primary Provider Name	Placement
MPS Provider Number of Primary Provider	Placement

(can be blank when the 2351 X process has been initiated)

Placement Begin Date	Placement

*1 Payment authorization normally should not extend beyond a child's   eighteenth birthday. An edit should prevent authorizations beyond that   date unless certain conditions are met. There will be questions   included in Funding Redetermination which will allow for authorization   beyond age 18. These questions are regarding school completion or   participation in training, as well as jurisdiction being extended to age   21, for delinquents. The answers to these questions will result in a *yes*   or *no* answer in the Authorization Past Age 18 indicator in Funding   Determination which will be displayed here.

*2 When the living arrangement entered in placement includes a Child Placing Agency or Residential Institution, the level of service provided will be indicated by the Service Code.   Service Code is a four digit   code identifying the type and level of service being provided.   Normally these codes can be derived and encoded for Model Payments without the worker having to enter them. The Service Code associated   with the level of service (or program type) comes from the provider   information. It is forwarded to the payment authorization screen from placement and sent to MPS from   payment authorization.

The data copied forward together with the data entered on the authorization screens will provide a comprehensive picture of the child's / youth's current payment and placement status. The authorization screens can be accessed for inquiry as a quick reference to a child's current placement and pay status or for checking on an historical authorization period.

To effect changes to the regular, ongoing payment authorizations, it is almost always necessary to begin entry of data in Placement and/or Funding Determination screens which ultimately affects the authorization. Initial entry of data in *all five* screens from which the display data comes, is required in order to authorize payments. Change to any of the displayed elements could effect payment and should prompt the user to go to the payment authorization screen to view the result, accept the authorization which will then be transmitted to the MPS system or pended for a required electronic approval.

If the worker does not accept the results, the authorization is **canceled** and no data is sent to MPS. The cancel action will prompt the worker to determine what is incorrect and change the data element on the previous screen. A message: **Please check above displayed information for accuracy,** should appear. The worker will then have to return to Payment Authorization to accept the correct authorization in order to transmit the authorization to MPS.

Access to payment authorization is dependent uNSP edits involving the displayed data, detailed in the edit tables attached at the end of this document.

BOARD AND CARE PAYMENT PROCESS (FIA 626)

When the payment authorization screen is accessed the worker will see a history of payments authorizations and be able to select from three actions: ADD NEW, CHANGE, and CLOSE.

Only when selecting ADD NEW will the worker be able to **choose the type of Payment Authorization desired, either FIA 626 Board and Care Payment or FIA 634 Non-Scheduled Payments.**

The selection **ADD NEW,** for a Board and Care Payment Authorization Screen, will include the **display data elements** (as found earlier on page 5) in a screen panel.
Then the worker will enter the Authorization Begin Date.

The worker will enter the following data elements *as needed:*
 DOC (difficulty of care) Level or Medically Fragile Level from pick list *3
Ward's # of Dependent Children
Independent Living Mail to Code
Dollar Amount, only when the 2351 X process has been initiated due to Provider not being found on the SWSS provider list

        *3 Difficulty of Care or Medically Fragile Level pick lists are attached.   When Level IV DOC is chosen, a dollar amount must be entered.

The computer will derive the type(s)*4 of payment being authorized based on the information displayed and entered. A message should then appear **Authorization for _____ payment. The worker would then have the option to accept / or cancel the authorization.**

        Type(s)*4 indicates where more than one payment is included,
        e.g. Age appropriate with DOC is one service code, Administrative   Rate is a separate service code; thus two types of payments have been   authorized. The dollar amounts being authorized will also be displayed   as part of the message. See screen sample attached.

Once accepted, the authorization would flow electronically to MPS or in the case where Zone or Program Office Approval is necessary, the authorization would pend until that approval was entered.

        Note: As stated earlier, this document assumes an Electronic Approval Path will be implemented.   If an Electronic Approval Path for some   reason is not in place, a printed 626 will have to be generated to be   sent to Zone and or Program Office for approval. In the event that *even   the electronic flow to MPS* is not in place when SWSS is implemented, then the printed 626 will be given to a CIS operator to enter on MPS - for   those payments which can be authorized by the local office.

INTERACTIVE INTERFACE: MPS will notify SWSS uNSP receipt of the authorization whether it has been accepted or pended. MPS may resNSPd with an Error Message to SWSS, if more data is needed, CIS / MPS is down, case is not open on CIS, or Model Payments finds an error and sends a CIS edit message.

When the **CHANGE** action is selected, the worker will be able to alter the Begin Date, the DOC or Medically Fragile Level, or the Ward's # of Dependent Children. Once the authorization is accepted by MPS, the payment amount effected by the change will be computed. When an increase in payment is requested for a period already paid, MPS will issue a Retroactive Adjustment without another invoice being submitted. When the change action causes a decrease and a payment for the time period has already been made, MPS will send a recoupment message. See **Recoupment** section. Policy will need to be clarified as to how far back changes can be made to authorizations. An edit will need to be in place to stop changes to authorizations prior to that time limit.

When the **CLOSE** action is selected, the worker will be able to enter an authorization end date. The acceptance of the authorization close will notify MPS to end payments effective that date. If a payment has already been made MPS will send a recoupment message. See recoupment below.

Recoupment

When a worker goes into SWSS to end date an authorization or reduce the Difficulty of Care or number of ward's children, after a payment has been made for that time period, a message from Model Payments will ask the worker "Is this an overpayment?" This will be made possible through an interface with MPS. If the answer is "yes", Payment / Document Control will begin a Recoupment notice process. PD/C will send copies of all letters that go to the provider to the worker.

626 Data elements sent from SWSS to MPS in the interface:

Action Code (Add New, Change, Close)
Case #
Worker #
Client ID/ Recipient ID
MPS Provider #
# of ward children
Begin Date
End Date (Funding Redetermination Date, except when in Close action)
Difficulty of Care Code + Amount for Level IV
Income
Service Code
Per Diem Rate -Entered for uncontracted, unlicensed or out of state residential
Mail to Code for Independent Living only *5

       *5 For youth in Independent Living (LA = 7) an option of where the   check is to be mailed will be available on Model Payments. The   independent living allowance checks are made payable to the youth,   though they may be mailed to 1) the actual location where the youth   resides, 2) the supervising agency, or 3) the local FIA office. The Mail To Code will be:
                1 = wards address, primary address on CIS
                2 = supervising agency, determined by provider number
                3 = third party, local office name and address

Two checks will be sent in cases where a Child Placing Agency is supervising the youth in independent living. The administrative rate will be paid to the agency in a separate check, which will be positive billed with an invoice.

When the worker completes the Funding Redetermination, every 6 months or more frequently as necessary, the flow will take the worker from Funding Redetermination to Payment Authorization. The worker will select the DOC or Medically Fragile Level, if appropriate, view the results, and accept or cancel authorization of the payment. The DOC Level or Medically Fragile Level is to be updated on a 6 month basis. A Tickler will be sent to the worker, one month before the Funding Redetermination due date reminding the worker to update the Difficulty of Care Assessment. The payment rate *will be reduced* to not include a DOC supplement *if the DOC Assessment is not updated*.

Each time a Funding Redetermination is done the authorization end date will be extended six months into the future. The goal is to keep the Funding Redetermination Date, the DOC review date and the authorization end date synchronized. A new Notice of Authorization will be sent by MPS each time the authorization end date is extended.

NON-SCHEDULED PAYMENT PROCESS (FIA 634)

In order to authorize a Non-Scheduled Payment (FIA 634), a Board and Care (FIA 626)authorization must be in place for the same time period. The exceptions to this will be BG Corrections which are being made for a time period before CWFIS implementation.

From the payment authorization icon, ADD NEW, and selection of **Non-Scheduled Payment Authorization Screen,** the same **displayed data elements** would appear as for the Board and Care Payment. The worker would then enter the following elements:

Payment Type, chosen off a pick list(attached)
Service Period Begin Date
Total Dollar Amount of Authorization

Depending on the type of payment being authorized, entry of the following may be necessary:

Service Period End Date (for Tutoring, Mental Health Services, Assisted Care, and BG Corrections)
Number of Hours Billed (for Tutoring, Mental Health Services, Mental Health / Psychological Evaluation, Assisted Care, BG Corrections)
Number of miles (for Transportation)

The MPS Provider (for Mental Health Services, Mental Health / Psychological Evaluation, Dental Expenses and some Medical Expenses)

A message should then appear **Authorization for _____ payment. The worker would then have the option to accept / or cancel the authorization.** Once accepted, the authorization would flow electronically to MPS or in the case where Program Office Approval is necessary, the authorization would pend until that approval was entered. This assumes an Electronic Approval Path which will be submitted in separate requirements. If an Electronic Approval Path is not in place, a printed 634 would need to be generated to be sent to Zone and or Program Office for approval.
INTERACTIVE INTERFACE: MPS will notify SWSS uNSP receipt of the authorization whether it has been accepted or pended. MPS may resNSPd with an Error Message to SWSS, if more data is needed, CIS / MPS is down, case is not open on CIS, or Model Payments finds an error and sends a CIS edit message.

634 Data elements to be sent from SWSS to MPS in the interface:

Action Code (Add New)
Case #
Worker #
Client ID/ Recipient ID
MPS Provider #
# of ward dependent children
Begin Date
End Date
Service Code
Amount Authorized

Only one type of payment can be authorized at any time. There are no redetermination requirements regarding non-scheduled payments, as long as there is a 626 authorization for the same time period. The exceptions to this will be BG Corrections and at the time of conversion, payments which are being made for a time period before CWFIS implementation. This will be effected by how BG to CWFIS conversion is done and what history is picked up.

No changes will be allowed to 634 Authorizations. If the worker finds that an authorization has been made in error it will have to be handled through a corrections process. Recoupment of over payments made via a 634 Authorization will also be part of a corrections process.

HISTORY
SWSS will keep a payment authorization history which will include the dollar amounts authorized. The authorization history in SWSS will go back to the implementation date of CWFIS. MPS will keep a payment history which will be available through On-Line inquiry. Details of the Foster Care Payment Inquiry can be found in Services Manual Item 904.13 pages 1 through 9.

FIA 2351 X Model Payment Provider Enrollment Status Notice
Model Payments Provider Numbers are available in the local offices via CIS inquiry. See Services Manual Item 904.13 pages 1 through 9 for details of Foster Care Payment Inquiry. Workers are required to check the MPS Provider Number before submitting a new request for Provider Enrollment. Payment inquiry will be done according to local office practice for accessing CIS inquiry.

For wards who are in a placement where the provider does not have a provider number due to being out of state, unlicensed or uncontracted, the worker must complete a FIA 2351X. The 2351X will be used at the local office to enroll Michigan unlicensed relatives in the Model Payment Provider database. For all other circumstances, the 2351 X will be sent with the other required documentation including a screen print of the Board and Care Payment Authorization and an updated FIA 5S to Payment / Document Control.

P / DC will perform the transactions necessary to activate the authorization. This could include a CIS transaction to enroll a provider, a CIS transaction to add the information to CSMIS. In SWSS, P/DC will add the provider MPS # to the placement screen and add the daily rate to the payment authorization screen when needed. This SWSS authorization is transmitted to Model Payments. Instructions for Completing the FIA-2351X are in Services Manual Item 904.14 pages 1 through 5. See SWSS requirements package regarding the 2351X process.

Warrant Rewrite and Lost Invoices

The CIS Manual Procedures will be followed when a warrant (check) or an invoice are reported to be lost. Warrant Replacement is done by a paper form FIA 2362, Disposition Request. Details regarding Warrant Rewrite are located in the General Requirements

Section of the Services Manual, Item 192.   The FIA 2362 may need revision to include the Invoice Replacement Request. Details regarding Duplicate Document Request, used to replace invoices, can be found in the CIS Manual, Chapter 20-APP.B, STSM Inquiry, pages 33 - 36.

3. DATA ELEMENTS. List and define each input element. Include tables when applicable. If available, use CIS or PSMIS definitions. *Use Word document DATAFRM.DOC. Attach completed document to this form.*

See attached document.

4. EDITS. List all; field and cross field edits desired, i.e., acceptable values for each field and how these values affect other fields on this screen or on other screens.

MPS authorizations cannot pre-date the implementation of CWFIS.

Corrections to authorizations done on the BG System will need to be corrected through BG Corrections on the Non-scheduled Payment process.

See attached document for edit detail.

5. OUTPUTS. Describe any reports, mainframe updates, or other system outputs associated with this request. Please include examples of each.

It is anticipated that with the advent of the Electronic Approval Path no output documents will be necessary. If a printed copy is desired for the case file a screen print could be used. Model Payments will produce output documents of Notification of Authorization, Payment Invoice for the Board and Care Payment procedure, and a Statement of Payment for all payments made.

6. TRAINING ISSUES *. Describe any procedures contained in these specifications that have been identified as possible training issues.

a. As a general rule, non-scheduled payments are paid to the board and care provider.   The only non-scheduled payments which will be paid directly to a service provider, will be payments for Mental Health Services, Mental Health / Psychological Evaluation, Dental and *some* Medical Expenses. Some payments which were previously made with a FIA 1582, can now be made on the non-scheduled payments process. Entry of the MPS provider # will be required to pay the non-board and care provider.

b. The Funding Redetermination Date is the date the authorization of payment will end, including Difficulty of Care. In order for payments to continue, the Funding Redetermination must be done, the DOC reviewed and the authorization accepted.

c. Policy needs to reflect that a Difficulty of Care review is necessary each time the Funding Redetermination is done.

d. If the worker wants to see what actually was paid, they will have to look at Model Payments, STSM inquiry formats. How to access and use STSM is found in the Services Manual, General Requirements, Item 192. Children Services workers will also need to understand the difference between authorizations and payments.

e. The CWFIS implementation date / start up date, will be the date that retroactive adjustments and retroactive openings can go back to. Any adjustments from prior to CWFIS implementation, will require a 634, BG exception, non-scheduled payment.

f. Changing the primary provider in the placement ends a payment authorization. The placement end date can pre-fill as the end date of the payment authorization. When the placement is ended the worker will be directed to go to payment authorization and accept the end of the authorization.

g. Child Placing Agencies will not be authorized for payment until they inform the FIA worker of the home in which the youth is placed.

h.   When a youth goes AWOL, the placement end date becomes the date the youth left. Payments to FIA foster parents, child placing agencies and private child caring institutions may be processed for a 5 day bed hold in accordance with SM Item 903.7. This is being revised to clarify that a non-scheduled payment will be necessary to pay for the bed hold. This will fall into the category of Exceptional Request.

i. Payment authorization history will be kept in SWSS with the dollar amount which was authorized. The *actual* payment history will be kept by Model Payments.

j. If the Difficulty of Care level IV rate is changed, a new authorization will need to be done.

k. Workers will have to go to the payment authorization screen to accept or cancel the authorization at the time of Redetermination of Funding Source.

l. There will be one authorization containing both the placing agency number and the home license number. The placing agency will receive the payment.

m. FIA Foster parents, Child Placing Agencies and Child Caring Institutions will fill out invoices, mail them to central office in order to get paid by MPS. Payment will be mailed approximately one week to 10 days after mailing in the invoice. Payments will only be made after the worker has opened the case on CIS, done a SWSS payment authorization and the provider has received and returned an invoice for that youth. The model payments system generates and mails the invoices. A postage paid envelope will be sent with the invoice to the FIA foster parents in order that invoices are returned to the correct address.

n. SWSS will include notification of Recoupment of overpayments. When a worker goes into SWSS to end an authorization or reduce DOC or number of ward's children, after a payment has been made for the time period, the worker will be asked "Is this an overpayment?" This will be made possible through an interface with MPS. If answered yes, Payment / Document Control will begin a Recoupment notice process. Copies of all letters that go to the provider will be sent to the worker.

o. Michigan Unlicensed Relatives - can receive payment for state wards under certain circumstances. There will be a system edit to not allow enrollment of a relative placement on Model Payments for a non state wards.

p. Workers will not be able to open payments on SWSS for a child under 10 years old in an institution without central office approval on a Pre-10 Waiver. Payment Authorization for institutional placement of a child under age 10 will pend until program office approval is entered.

q. Payments for Independent Living will include a *Mail To* feature so that the payment can be mailed to the agency, the youth's address, or the local FIA office. The check will still be payable to the youth.

r. The questions which are related to the service payment code will be asked in funding redetermination after the youth turns 17. These will generate a yes/ no answer to "Authorized past age 18?" The service payment code will become obsolete once SWSS is in use.

s. In training, the purpose of the payment authorization screen must be made clear to the workers. It is an authorization for providers listed on the Model Payments system. There are policy implications including funding source, living arrangement and target group combinations. The edits are programmed in to make sure that authorizations meet policy requirements and be able to be processed on-line.

t. Workers will need to be familiar with the payment resources section of the manual, to which major revisions are anticipated. Workers will also need to understand which payments need to continue to be completed using the paper process according to local office practices. These include the 1582, especially when used by delinquency and adoption workers and County Child Care Fund payments. 10/8/97

u. In order to authorize payments for a ward's dependent child(ren) they must be listed in Member Information as Relatives/Others. No Difficulty of Care or Medically Fragile rate is paid for the dependent child(ren). Clothing allowance (both initial and special) is the only non-scheduled payment available to the dependent child(ren).

7. TESTING ISSUES *. Describe any special situations, changes or functions that will require additional testing as a result of these specifications.

Extensive testing will need to be done to ensure that the computer is able to derive the correct type of payment, based on the information entered. Testing of the Electronic Approval Path will also be necessary.

8. POLICY ISSUES *. Describe any policy issues that arose as a result of these changes.

There have been many policy decisions made throughout the development of CWFIS. These will cause major revisions to the Services Manual, Payment Resources Section Items #903.1 through 905.3.

Clarifications of Policy will continue but at this time there are no known unresolved Policy Issues which would influence SWSS development.

9. **DEPENDENCIES.** List any dependencies. Include conversions.

SWSS will convert active board and care authorizations from MPS. The data elements which will be converted at the time of SWSS implementation will be covered in an addendum to the Conversion Requirements.

10. SECURITY

Security codes will be developed between SWSS and MPS which will operate behind the scenes. Jim Alger and Beth Dean will be resNSPsible for including these. Security levels may need to be added to support the Electronic Approval path.

11. ATTACHMENTS
Element Description Form
Sample of Proposed Screens
Difficulty of Care and Medically Fragile Pick List
Edits for 634 Non-Scheduled Payment Authorizations
Edits for 626 Payment Authorizations
Notice of Authorization (to be produced by Model Payments)
Invoice Draft (to be produced by Model Payments)
Service Code List
Living Arrangements
C & YS Target Group / Funding Source Table

12. SIGNATURES

	Signature	Date
Policy Analyst:		
Policy Supervisor:		
BuIS Analyst:		

CHILDREN'S *SWSS*
ELEMENT DESCRIPTION FORM
(Attachment to REQUIREMENTS FORM)

Assigned Policy ANALYST:	Pat Wilson
DATE Received by BuIS:	
Requirement # (from BuIS)	

TOPIC:

**TOPIC: PAYMENT AUTHORIZATION PROCESS
CWFIS WITH SWSS
for Foster Care and Delinquency Payments**

ELEMENT NAME (FIA 626)	DESCRIPTION	TYPE - Alpha, numeric, A/N	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	ON CIS/PSMIS/ AFCARS?
Transaction Date	default to today's' date, the date the worker took action to authorize the payment	numeric	8	default	no
Authorization Begin Date	Effective Date to begin payments	numeric	8	required	no
Authorization End Date Defaults to Funding Source Redeterm. Date	Same as Funding Source Redetermination date except when ending an authorization	numeric	8	required when ending an authorization, can pre-fill with placement end date when the primary provider is changed.	no
DOC Level (difficulty of care) or Medically Fragile Level	a level determined from FIA-470, FIA-470A or FIA 1945, not included in SWSS	pick list	1	conditional uNSP results of FIA-470, FIA-470A or FIA-1945 default to none	no
number of Ward's Dependent Children	youth in foster care who has one or more children living in the foster home, dependent uNSP the ward.	numeric	1	conditional default to 0	no
Independent Living Mail To Code	1 = wards address, primary address on CIS 2 = supervising agency, determined by provider number 3= third party, local FIA office name and address	numeric	1	conditional	no
Dollar Amount	entered only when the MPS Provider	numeric	5	conditional	

ELEMENT NAME (FIA 634)	DESCRIPTION	TYPE - Alpha, numeric, A/N	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	ON CIS/PSMIS/ AFCARS?		
	# is blank and the 2351 X process has been initiated						
Transaction Date	default to today's' date, the date the worker took action to authorize the payment	numeric	8	default	no		
Payment Type	pick list of 13 payment types	pick list	to fit types	required	no		
Service Period Begin Date	Begin date for payment authorized	numeric	8	required	no		
Service Period End Date	End date for payment authorized	numeric	8	conditional	no		
Number of Hours Billed	required only for tutoring and psychological evaluation.	numeric	2	conditional			
Total amount authorized	dollar and cent amount to be paid	numeric	5	required	no		
MPS Provider number	enter when payment is made to other than the placement provider	numeric	9	conditional	no		
Miles Transported	number of miles being billed for	numeric	3	conditional	no		

DISPLAY PANEL ON SCREEN

(from member information)

Case Name   Case Number   Log Number
Client ID / RECIPIENT ID
Date of Birth   Worker Number
(from legal information)
            Charge County   Target Group / Legal Status
(from funding determination)
Eligibility   Authorized past age 18y/n
Budgetable Income   Funding Redetermination Date
        (from placement)
Funding Source   Living Arrangement
Provider Name   Model Payments Provider #
Program Name/ Service Code   Placement Begin Date

Authorization History Display

ADD NEW   CHANGE   CLOSE

Authorization Type:

only when Add New is chosen
> o Board and Care Payment
> o Non-scheduled Payment

continue cancel

IF the case is not open on SWSS:
Message: Payment Authorization can not be accessed until the case is open on SWSS.

If the displayed information is incomplete *:
Message: Payment Authorization can not be accessed until Member Information, Child Data, Legal Information, Funding Source Determination and Placement Screens have been completed.
* MPS # can be blank if the 2351 X process has been initiated.

If the edit structure does not allow for access to Payment Authorization:
Message: Payment Authorization access is based on Legal Status / Funding Source / Living Arrangement edits.

DISPLAY PANEL ON SCREEN

(from member information)

Case Name	Case Number	Log Number
Client ID / RECIPIENT ID		
Date of Birth	Worker Number	

(from legal information)

Charge County   Target Group / Legal Status

(from funding determination)

Eligibility	Authorized past age 18y/n
Budgetable Income	Funding Redetermination Date

(from placement)

Funding Source	Living Arrangement
Provider Name	Model Payments Provider #
Program Name/ Service Code	Placement Begin Date

Board and Care Payment
Authorization Transaction Date pre-fill today's date
Authorization Begin Date __/__/____
DOC or Medically Fragile Level (pick list)
Number of Ward's Dependent Children _
Independent Living Mail to Code _
Dollar Amount, when MPS # is blank, P/DC entry possible
Message: Authorization for _____*_____ payment.
Accept /Cancel

* this blank would contain the derived payment type(s), dollar   amount and the associated service code.

For example: Age Appropriate Rate	**$12.60**	**Service Code 0701**
DOC Level I	**$ 5.00**	**Service Code 0720**
General Foster Care Administrative Rate	**$50.00**	**Service Code 0780**
Total Daily Rate	**$67.60**	

In CLOSE action: Authorization End Date (default / pre-fill)
The authorization end date defaults to Funding Redetermination Date and pre-fills with the placement end date when the primary provider is changed. The worker will need to accept the close action for MPS to be notified.

The **cancel action** will prompt the worker to determine what is incorrect and change the data element on the previous screen. A message: **Please check above displayed information for accuracy,** should appear. The worker will then have to return to Payment Authorization to accept the correct authorization in order to transmit the authorization to MPS.

Difficulty of Care and Medically Fragile Pick List

Only one change has been made to these service codes, Grandfathered Rate has a service code separate from DOC Level IV in bold.

4/22/98

Pick List:	derived by birth date	service code	
None			
Difficulty of Care Level I	Ages 00 - 12	0720	
	Ages 13 +		0721
Medically Fragile Level I		0722	
Difficulty of Care Level II	Ages 00 - 12	0723	
	Ages 13 +		0724
Medically Fragile Level II		0725	
Difficulty of Care Level III	Ages 00 - 12		0726
	Ages 13 +		0727
Medically Fragile Level III		0728	
Difficulty of Care Level IV			0729
dollar amount entry required for Level IV			
Grandfathered Exception		**0730**	
dollar amount entry required			

DISPLAY PANEL ON SCREEN

(from member information)

Case Name   Case Number   Log Number
Client ID / RECIPIENT ID
Date of Birth   Worker Number
(from legal information)
          Charge County   Target Group / Legal Status
(from funding determination)
Eligibility   Authorized past age 18y/n
Budgetable Income   Funding Redetermination Date
(from placement)
Funding Source   Living Arrangement
Provider Name   Model Payments Provider #
Program Name/ Service Code   Placement Begin Date

Non-Scheduled Payment

Authorization Transaction Date pre-fill today's date
Payment Type   pick list
Service Period Begin Date __/__/____
Total Amount Authorized $ ___.__

Based on what is picked from the list entry in   the following may   be necessary:
Service Period End Date __/__/____
Number of Hours Billed __   Miles
Transported __ x 21 cents per mile
MPS provider number _____

Message: Authorization for _____*_____ payment.
                    Accept / Cancel

this blank would contain the derived payment type,   total dollar   amount to be authorized
and with the associated service code

For example:
Initial Clothing Allowance $100   Service Code 0703
The **cancel action** will prompt the worker to determine what is incorrect and change the data element on the previous screen. A
message: **Please check above displayed information for accuracy,** should appear. The worker will then have to return to Payment
Authorization to accept the correct authorization in order to transmit the authorization to MPS.

Non-Scheduled Payment Pick List
Major changes to the service codes made on this list 4/22/98

Pick List:	derived by birth date	service code	
Initial Clothing Allowance		0800	
MPS will determine the age behind the scenes and assign the correct service code			0 - 5
		0801	
	6 - 12	0802	
	13 +	0803	
Ward Child Clothing	0 - 5	0804	
School Tutoring	10 +	0805	
Graduation Expense	16 +	0806	
Mental Health Services		0807	
Mental Health / Psychological Eval.		0808	
Transportation		0809	
Assisted Care		0810	
Permanency Focused Pilot Project			
Initial Placement Standard Payment		0815	
Delayed Performance Standard		0816	
Delayed Sustained Action Payment		0817	
Special Clothing Allowance		0820	
MPS will determine age behind the scenes and assign the correct service code			0 - 5
		0821	
	6 - 12	0822	
	13 +	0823	
Ward Child Special Clothing	0 - 5	0824	
Medical Expenses		0825	
Dentures / Dental Expenses		0826	
Exceptional Request		0827	
BG Corrections		0828	

EDITS FOR NON-SCHEDULED PAYMENT AUTHORIZATION
CWFIS WITH SWSS

Major changes to service codes made on 4/22/98

TG/LS = Target Group / Legal Status

FS = Funding Source (FS 7 not included, may not be implemented according to Mary Ann Jensen, 9/16/97, FS 5 is included as an "other" category)

LA = Living Arrangement

FIA 626 payment authorization for same time period is required to authorize non-scheduled payments.

1. **Initial Clothing Allowance**:   with service code

MPS will determine age behind the scenes

and assign the correct service code   **0800**

maximum of $210 for ages 00 to 05 years   (0801)

maximum of $310 for ages 06 to 12 years   (0802)

maximum of $500 for ages 13 +   (0803)

ward child clothing allowance 00 to 05 years   (0804)

TG/LS = 40, 41, 42, 44, 45, 46, 51, 52

FS = 2, 4, 5

LA = 2, 5, 9, 23, 24, 25, 27

Youth who's board and care payment is Administrative Rate ONLY are not eligible for this payment

Age = maximums are set by age

Time period = within 180 days of initial placement, except ward child clothing which has no time limit edit.

If out of paid foster care placement more than 365 days, and returned to paid placement a second initial clothing allowance can be issued.

Any number of Initial Clothing Allowance can be authorized up to the maximum allowed, rather than just one Initial Clothing Allowance. A running total will need to be kept so that payment over the maximum is not made.

The maximum amount is based on the age of the youth at the time of initial placement. In cases where a youth is out of paid placement for more the 365 days and returns to paid placement, the maximum would be based on the age of the youth at the time of re-placement.

2. **School Tutoring**   (service code 0805)

maximum of $15.00 per hour, not to exceed 10 hours per week

TG/LS =40, 41, 42, 44, 45, 46, 51, 52

FS = 2, 4, 5

LA =2, 5, 7, 23, 24, 25, 27

Youth who's board and care payment is Administrative Rate ONLY are not eligible for this payment

Age = 10 years old or older

number of hours must be entered

3. **Graduation Expenses**   (service code 0806)

maximums are $100 for a one time expense for each of the following:

Senior Class Ring (youth is to contribute one fourth of the cost);

Tuxedo Rental / Dress Purchase for Senior Prom

Senior Cap and Gown Rental and other incidental graduation expenses

Three authorizations for service code 0802 will be allowed, $300 max.

TG/LS =40, 41, 42, 44, 45, 46, 51, 52

FS = 2, 4, 5

LA = 2, 5, 7, 13, 23, 24, 25, 26, 27

Age = 16 years old or older

4. **Mental Health Services**   (service code 0807)

maximums are $15 per hour for group therapy

$50 per hour for individual therapy

A statement that DCH can not provide the service, either at all, or within a specific time period is required in the case file.

TG/LS =40, 41, 42, 44, 45, 46, 51, 52

FS = **2**, 4, 5 **See attached addendum to CWFIS about Funding Source 2**

LA = 2, 5, 7, 9, 23, 24, 25, 27

Child Placing Agencies can only be paid for Mental Health Services when the Administrative Rate is for General Foster Care.

5. **Mental Health/ Psychological Evaluation**   (services code 0808)
maximum is $40 per hour, up to $200 total maximum for 5 hour evaluation
A statement that DCH can't provide the service, either at all, or within a specific time period is required in the case file.
TG/LS = 40, 41, 42, 44, 45, 46, 51, 52
FS = **2**, 4, 5 **See attached addendum to CWFIS about Funding Source 2**
LA =2, 5, 7, 9, 23, 24, 25, 27

6. **Transportation**   (service code 0809)
paid at 21 cents per mile, up to $250 maximum per request
Payment for transportation to parental visits and as part of preparatory visits for change in placement. For children in FIA supervised foster homes only.
TG/LS =40, 41, 42, 44, 45, 46, 51, 52
FS = 2, 4, 5
LA = 2, 5, 9, 23, 24, 27
Youth who's board and care payment is Administrative Rate ONLY are not eligible for this payment

7. **Assisted Care**   (service code 0810)
Only for youth with over DOC Level III. Local office director approval required Additional edits for this payment are being developed and will be submitted as soon as they are available.
TG/LS = 40, 41, 42, 44, 45, 46, 52
FS = 2, 4, 5
LA = 2, 5, 24, 25
Youth who's board and care payment is Administrative Rate ONLY are not eligible for this payment
DOC Level IV required
number of hours must be entered

8. **Permanency Focused Reimbursement Pilot Program**
Three separate payments fall under this category
Initial Placement Payment   (service code 0815)
Delayed Performance Standard Payment   (service code 0816)
Delayed Sustained Action Payment   (service code 0817)
This is an incentive payment for permanent placement being piloted and expected to be expanded. Only pilot counties (currently Wayne, Oakland, Macomb and Washtenaw) will be able to enter these service codes, for specific participating Child Placing Agencies, identified by Model Payments Number.
TG/LS = 42, 44
FS = 2, 4, 5
LA = 2, 5
county = Wayne, Oakland, Macomb, Washtenaw
Youth who's board and care payment is Administrative Rate ONLY are not eligible for this payment

Program Office Approval and Payment / Document Control Entry is required for the following authorizations:

1. **Special Clothing Allowance**:   service codes
MPS will determine age behind the scenes
and assign the correct service code   0820
maximum of $210 for ages 00 to 05 years   (0821)
maximum of $310 for ages 06 to 12 years   (0822)
maximum of $500 for ages 13 +   (0823)

Ward child special clothing allowance 00 to 05 years (0824)
TG/LS =40, 41, 42, 44, 45, 46, 52
FS = 2, 4, 5
LA = 2, 5, 7, 13, 23, 24, 25, 26, 27
Youth who's board and care payment is Administrative Rate ONLY are not eligible for this payment
Age = maximums are set by age

2. **Medical Expenses**   (service code 0825) *

no maximums are set

expenses are for State Wards only

MA rejection letter required

Prescriptions not covered by MA (minimum of $15 per prescription)

Glasses and Corrective Appliances

* With the increase in Managed care and / or standardized payments Medical Expenses as a 634 payment may become obsolete.

TG/LS = 44, 45, 46, 52

FS = **2**, 4 **See attached addendum to CWFIS about Funding Source 2**

LA =2, 5, 7, 9, 23, 24, 25, 27

3. **Dentures / Dental Expenses**   (service code 0826) *

Includes special dental procedures and Orthodontics only)

expenses are for State Wards only

MA rejection letter required

no maximums are set

* With the increase in Managed care and / or standardized payments Dentures / Dental Expenses as a 634 payment may become obsolete.

TG/LS = 44, 45, 46, 52

FS = **2**, 4   **See attached addendum to CWFIS about Funding Source 2**

LA = 2, 5, 7, 9, 13, 23, 24, 25, 26, 27

4. **Exceptional Request**   (service code 0827)

One-on-one Staffing, 5 Day Bed Hold and services not included in the list above

an "Other" category for use with prior Program Office approval additional documentation is required

TG/LS = 40, 41, 42, 44, 45, 46, 51, 52

FS = 2, 4, 5

LA = 2, 5, 7, 9, 13, 23, 24, 25, 26, 27

5. **BG Corrections**   (service code 0828)

correction to the previous payment system

this includes the category of Administrative Error on the old FIA 634

it is anticipated that is will only be needed for one year after CWFIS implementation additional documentation is required

TG/LS =40, 41, 42, 44, 45, 46, 51, 52

FS = 2, 4, 5

LA = 2, 5, 7, 9, 13, 23, 24, 25, 26, 27

EDITS FOR FIA 626 PAYMENT AUTHORIZATIONS:
CWFIS WITH SWSS

Major changes to service codes made on 4/22/98

Abbreviations used:
TG/LS = Target Group / Legal Status
FS = Funding Source
LA = Living Arrangement
Youth eligible after age 18? = Yes

On-Line in the Local Offices:
Regular On-Line foster care payment authorizations
Service Code 0700 indicates Age Appropriate Rate
MPS will determine age behind the scenes and assign the correct service code. (age 0-12 = 0701, age 13 + = 0702)
plus when appropriate DOC/ Med. Fragile Service Codes 0720 through 0728 and / or Ward Child(ren) with service code 0701
TG/LS = 40, 41, 42, 44, 45, 46, 51*, 52
FS = 2, 4, 5
LA = 2, 5, 9
* TG/LS 51 must be FS 5

Youth in Independent Living
Service Code 0703
TG/LS = 44, 45, 46, 51, 52
FS = 4
LA = 7
Age = over 16, under 19
Youth eligible after age 18? yes

Youth Eligible Between age 18 and 19
Service Code 0702
plus when appropriate DOC/ Med. Fragile Service Codes 0720 through 0728 and / or Ward Child(ren) with service code 0701
TG/LS = 40, 41, 42, 44, 45, 46, 52
FS = 2, 4
LA = 2, 5, 7, 9, 13 (*LA = 23, 24, 25, 26, 27 only if approved prior to age 18)
Youth eligible after age 18? = Yes
Age = over 18, under 19
* for re-authorizations only, initial requires program office approval

Grandfathered Exception (extensions only, placed prior to 10/31/94)
Service Code 0730 is used for Difficulty of Care in addition to age appropriate
TG/LS = 40, 41, 42, 44, 45, 46, 52
FS = 2, 4
LA = 2, 5
Former MCI Ward in School or Training, after age 19
Service Code 0702 (age appropriate) OR **0703** (independent living)
TG/LS = 51
FS = 5
LA = 2, 5, 7   (LA = 23, 24, 27 only if approved prior to age 18)
Youth eligible after age 18? = Yes
Age = over 19, under 20
No DOC or Administrative Rate is paid

P.A. 150 State Ward, Jurisdiction to Age 21
Service Code 0702 (age appropriate) **or 0703** (independent living)
plus when appropriate DOC/ Med. Fragile Service Codes 0720 through 0728 and / or Ward Child(ren) with service code 0701
TG/LS = 46, 52
FS = 4
LA = 2, 5, 7, 9,13 (*LA = 23, 24, 25, 26)
Youth eligible after age 18? = Yes
Age = over 18, under 21

Committing Offense Code = 100 or 200 level (Class I or Class II felony)
with additional documentation in case file.
* for re-authorization only, initial requires program office approval

State Ward in Unlicensed Relative Placement in Michigan (with no DOC)
Service Code 0700 (age appropriate 0701, 0702)
Could include Ward Child(ren) with service code 0701
TG/LS = 44, 45, 46, 52
FS = 4
LA = 2

Administrative Rate for Child Placing Agencies
Service Codes 0780 through 0788, based on service provided
plus age appropriate and when appropriate DOC/ Med. Fragile Service Codes 0720 through 0728 and / or Ward Child(ren) with service code 0701
TG/LS = 40, 41, 42, 44, 45, 46, 52
FS = 2, 4
LA = 2, 5, 7**, 9 (***LA = 25)
** LA 7 must = FS 4
*** LA 25 for re-authorization only, initial requires program office approval

Residential Institution
Service Codes 0740 through 0749 based on service provided
TG/LS = 40, 41, 42, 44, 45, 46, 51*, 52
FS = 2, 4, 5
LA = 9, 13
age = 10 + (under age 10 require program office approval)
TG/LS = 51 must be LA = 9 and FS = 5
Youth eligible after age 18? = Yes (if age 18 or 19)
State Ward in Adult Foster Care
Service Code 0705
TG/LS = 44, 45, 46, 52
FS = 4
LA = 19
Youth eligible after age 18? = Yes (if age 18 or 19)
Age = 16 to 19

Budgetable Income - Unearned
Service Code 0700 (age appropriate 0701 or 0702) **OR Independent Living (0703) OR Residential Service Code 0740 through 0749, minus income**
TG/LS = 40, 41, 42, 44, 45, 46, 51, 52
 FS = 2, 4, 5
LA = 2, 5, 7, 9, 13   (*LA = 23, 24, 25, 26, 27)
* for re-authorization only, initial requires program office approval

Budgetable Income - Earned
Service Code 0702 OR Independent Living (0703) OR Residential Service Code 0740 through 0749, minus income
TG/LS = 40, 41, 42, 44, 45, 46, 51, 52
FS = 2, 4, 5
LA = 2, 5, 7, 9,13   (*LA = 23, 24, 25, 26, 27)
Age = 16 and older
* for re-authorization only, initial requires program office approval

Administrative Rate Only for Child Placing Agencies
while placement in non-paid
The use of separate service codes to indicate Admin Rate ONLY was discarded by MPS as of April 9, 1998. In it's place will be an indicator on the STSM screen which will default to N (no) and be changed to Y (yes) to indicate when Admin Rate ONLY is to be paid.
TG/LS =44, 45, 46, 52
FS = 4

LA = 2, 5, 7   This will only apply in 3 circumstances:

* State Ward has earned income that exceeds total daily rate and is not in school or training. (could be LA = 2, 5, or 7)

* State Ward in private agency supervised relative placement that has put the ward on their FIP grant or does not want foster care payments. (LA = 2)

* State Ward is in supervised Independent Living and has FIP grant for a dependent child. (LA = 7)

Psychiatric Hospital Personal Allowance
Service Code 0704
TG/LS = 44, 45, 46, 52
FS = 4
LA = 16

Zone Office approval and Payment / Document Control entry

Difficulty of Care Level IV
Service Code 0700 (age appropriate 0701 or 0702) **plus DOC Service Code 0729 and DOC dollar amount requested**
TG/LS = 40, 41, 42, 44, 45, 46, 52
FS = 2, 4
LA = 2, 5

Zone Office Approval <u>and</u> Program Office Approval and Payment / Document Control Entry

State Ward, Unlicensed Relative Placement Out-of-State requesting DOC Service Code 0700 (age appropriate 0701 or 0702)
plus DOC 0720 through 0728. Could include Ward Child(ren) service code 0701
TG/LS = 44, 45, 46, 52
FS = 4
LA = 23
Approval prior to interstate placement is required

State Ward in Unlicensed Relative Placement In-State requesting DOC
Service Code 0700 (age appropriate 0701 or 0702) **plus DOC 0720 through 0728. Could include Ward Child(ren) service code 0701**
TG/LS = 44, 45, 46, 52
FS = 4
LA = 2

Youth in Out-of -State, Family Foster Care requesting DOC
Service Code 0700 (age appropriate 0701 or 0702) **plus DOC 0720 through 0728. Could include Ward Child(ren) service code 0701**
TG/LS = 40, 41, 42, 44, 45, 46, 52
FS = 2, 4
LA = 24, 27
Approval prior to interstate placement is required

Program Office Approval and Payment / Document Control Entry

Youth in Out-of-State, Residential Care
Service Codes0740 through 0749, based on service provided
TG/LS = 40, 41, 42, 44, 45, 46, 52
FS = 2, 4
LA = 26
Approval prior to interstate placement is required

Residential Institution
Service Codes 0740 through 0749, based on service provided
TG/LS = 40, 41, 42, 44, 45, 46, 51, 52
FS = 2, 4, 5
LA = 9, 13
age = under 10 years of age

State Ward in Unlicensed Relative Placement Out-of-State
Service Code 0700 (age appropriate 0701 or 0702)
Could include Ward Child(ren) 0701
TG/LS = 44, 45, 46, 52
FS = 4
LA = 23
Approval prior to interstate placement is required

Youth in Out-of -State, Family Foster Care
Service Code 0700 (age appropriate 0701 or 0702)
Could include Ward Child(ren) 0701
TG/LS = 40, 41, 42, 44, 45, 46, 52
FS = 2, 4
LA = 24, 27
Approval prior to interstate placement is required

Approved Non Contracted Placement
Service Code 0780 through 0788 (CPA's) or, 0740 through 0749 (CCI's) based on service provided. CPA's could include Ward
Child(ren) 0701
TG/LS = 40, 41, 42, 44, 45, 46, 52
FS = 2, 4
LA = 5, 13, 25, 26
Program Office approval prior to placement is required.

Notice of Authorization
Family Independence Agency

case name _____

case number _____

worker number __/__/__/_____

Mail To Provider:

This is to let you know that you have been authorized to receive board and care payments for _____case name_____. The Payment Authorization is effective _____date_____. The Authorization is in effect until ___date____, at which time the FIA Caseworker is scheduled to do a redetermination.

Payments have been authorized in the amount of $_____ per day as follows:

        [break down of authorization
        for example:]
                Age Appropriate Rate $12.50
                Difficulty of Care level I $ 5.00
                Administrative Rate
        program type: name of program and associated service code
        $55.00

                Total Daily Rate $67.50

If you have any questions about this payment authorization, please call the FIA case worker resNSPsible for this youth.

The FIA will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.

11.2 Memos and E-mail

11.2.1   Addendum 1

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

"We Strengthen Individuals and Families Through Mutual Respect and Mutual Responsibility."

MEMORANDUM

To: Daniel Klodt, Manager   Date: October 2, 2002
          Service Area
           ITMS

From: Mary Ann Jensen, Consultant
           SWSS Policy
           Child and Family Services Adminstration

Subject: Non-Scheduled Payment Module Requirements - Addendum 1

It is necessary to amend the above requirements submitted on September 24, 2002. Discussions with, and e-mails from, development staff have identified areas where the requirements were incomplete. The following additions are needed:

1. Add a new requirement: NSP-2.?.? Service Code Adjustment Service Code 0829
2. Add a sub-requirement to #1 above: NSP-2.?.?.1 LS = 40, 41, 42, 44, 45, 46, 51, 52, 90, 91, 92, 93, and 94
3. Add a sub-requirement to #1 above: NSP-2.?.?.2 FS = 2, 4, 5
4. Add a sub-requirement to #1 above: NSP-2.?.?.3 LA = 13
5. Add a sub-requirement to #1 above: NSP-2.?.?.4 Supervising Agency code = CPA
6. Add a sub-requirement to #1 above: NSP-2.?.?.4.1 LA = 2, 5, 7
7. Add a new requirement: NSP-2.?.? Class Ring Service Code 0830
8. Add a sub-requirement to #7 above: NSP-2.?.?.1 LS = 40, 41, 42, 44, 45, 46, 51, 52, 90, 91, 92, 93, and 94
9. Add a sub-requirement to #7 above: NSP-2.?.?.2 FS = 2, 4, 5
10. Add a sub-requirement to #7 above: NSP-2.?.?.3 LA = 2, 5, 7, 13, 23, 24, 25, 26, 27
11. Add a new requirement: NSP-2.?.? Out of State School Tuition Service Code 0831
12. Add a sub-requirement to #11 above: NSP-2.?.?.1 LS = 44, 45, 46, 52, 92, 93
13. Add a sub-requirement to #11 above: NSP-2.?.?.2 FS = 4
14. Add a sub-requirement to #11 above: NSP-2.?.?.3 LA = 23, 24, 25, 26, 27
15. Add a new requirement: NSP-2.?.? Birth Certificates Service Code 0879
16. Add a sub-requirement to #15 above: NSP-2.?.?.1 LS = 41, 42, 44, 45, 51, 52, 90, 91, 92, 93, and 94
17. Add a sub-requirement to #15 above: NSP-2.?.?.2 FS = 2, 4, 5
18. Add a sub-requirement to #15 above: NSP-2.?.?.3 LA = 2, 5, 7, 13, 23, 24, 25, 26, 27
19. NSP-2.1.45 must be modified to add: "…. nor service code 806, graduation expenses, nor service code 830, class ring."
20. Add a new requirement: NSP-2.?.? If the youth is in Independent Living (LA 07), s/he must be receiving an independent living stipend (SC 0703) to be eligible for a non-scheduled payment for initial clothing (SC 0803), special clothing (SC 0823) graduation expenses (SC 0806), class ring (SC 0830) or holiday allowance (SC 0898).
21. Add a sub-requirement to #20 above: NSP-2.?.?.1 These non-scheduled payments must be made directly to the youth even though supervision may be provided by a private child placing agency.
22. Add a sub-requirement to #20 above: NSP-2.?.?.2 The provider number for the non-scheduled payment must be 0000005.
23. Add a new requirement: NSP-2.?.? Youth in Independent Living (LA 07) are not eligible for the following non-scheduled payments: SC 0804 (Initial clothing for ward child), SC 0824 (Special clothing for ward child), SC 0810 (Assisted care) or SC 0831 (out of state school tuition).

Please let me know if you need additional information.

cc: Bill Dodge
    Pat Wilson
    Tom Thelen
    Vicki Weller

11.2.2   Addendum 2

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Daniel Klodt, Manager
        Service Area
        ITMS
        Date: October 21, 2002

From: Mary Ann Jensen, Consultant
        SWSS Policy
        Child and Family Services Adminstration

Subject: Non-Scheduled Payment Module Requirements - Addendum 2

It is necessary to amend the memos on above requirements submitted on September 24, 2002 and October 2, 2002. Discussions with, and e-mails from, development staff along with several SER's have identified areas where the requirements were incomplete. The following additions are needed:

24. NSP-2.1.33 must be modified to state: "The **board and care** provider's eligibility…"
25. NSP-2.1.34 must be modified to state: "If the **board and care** provider is not…"
26. Add a new requirement: NSP-2.?.? The MCI ward (LS 44) must be at least 15 years of age to be eligible for Service Code 0832, Driver's Education.
27. Add a new requirement: NSP-2.?.? The maximum amount that can be authorized for Service Code 0832 is $300.00.
28. Add a new requirement: NSP-2.?.? Once Service Code 0832 has been paid, it cannot be authorized again for that youth.
29. Add a new requirement: NSP-2.?.? Any date entered must be a valid date and cannot be in the future.
30. The following additional edits must be added for Service Code 0815: Initial Placement Payment
- P/DC must have the ability to enter this service code as an exception transaction.
- If the child is reentering care after 366 or more days in LA 01, 22, 02, 23, 27, 03 or 07 and the administrative rate authorized is 0784, another Initial Placement Payment is to be generated.
  - Sub-requirement to dot point above: If SC 0783 was authorized for LA 07, this payment cannot be made.

31. The following additional edits must be added for Service Code 0816: Delayed Performance Standard Payment
- The child must be placed with a parent (LA 01 or 22), relative (LA 02, 23 or 27) or legal guardian (LA 03) or into independent living (LA 07) within 290 days of the date service code 0784 was authorized for the out of home placement episode.
  - Sub-requirement for dot point above: Children placed initially with relatives do not qualify unless the child is returned to a parent within 290 days of the beginning of this placement episode.
  - Sub-requirement for dot point above: If the living arrangement is 07 and the agency is receiving the 0783 service code, this payment cannot be made.
- OR, Parental rights must have been terminated (the child's legal status changed to 41 or 44) at a hearing held within 515 days of the date service code 0784 was authorized for the out of home placement episode.
- If the child reentered care after 366 or more days in LA 01, 22, 02, or 03, and the above requirements are met, another Delayed Performance Standard Payment may be authorized.
- P/DC must have the ability to enter this service code as an exception transaction.

32. The following additional edits must be added for Service Code 0817: Delayed Sustained Action Payment – 6 mos.
- One time only payment. Once paid cannot be reauthorized for this child to either the same or a different provider.
- The child must be maintained in an appropriate placement (LA's 01, 22, 02, 23, 27, 03 or 07-not SC 0783) for 6 months (183 days) from the end date of the foster care (LA 05) placement.
  - Sub-requirement for dot point above: The placement may have changed from one of the five approved LA's to another in that group, but may not move to any other living arrangement during this time period.
  - Sub-requirement for dot point above: If the child is placed in an appropriate placement, reenters out of home care and is then replaced in another appropriate placement, the 6 month (183 days) clock starts with the date of the second appropriate placement.
  - Sub-requirement for dot point above: The child cannot be AWOL during the thirty day period preceding the six month sustainment achievement date.
- OR, For permanent wards (Legal Status 41 or 44): The adoption must be finalized within seven months (213 days) of the date of termination of parental rights.
- P/DC must have the ability to enter this service code as an exception transaction.

33. The following additional edits must be added for Service Code 0818: Delayed Sustained Action Payment – 12 mos.
- One time only payment. Once paid cannot be reauthorized for this child to either the same or a different provider.
- P/DC must have the ability to enter this service code as an exception transaction.
- The child must be maintained in an appropriate placement (LA's 01, 22, 02, 03 or 07-not SC 0783) for 12 months (365 days) from the end date of the foster care (LA 05) placement.
  - Sub-requirement for dot point above: The placement may have changed from one of the five approved LA's to another in that group, but may not change to any other living arrangement during this time period.
  - Sub-requirement for dot point above: If the child is placed in an appropriate placement, reenters out of home care and is then replaced in another appropriate placement, the 12 month (365 days) clock starts with the date of the second appropriate placement.

34. The following additional edits must be added for Service Code 0813: Initial Teen Shelter Payment
- One time only payment. Once paid cannot be reauthorized for this child to either the same or a different provider.
- P/DC must have the ability to enter this service code as an exception transaction.
- Youth must be age 13 years or older.

- The living arrangement must have changed from 09 (shelter) to 02 (relative) or 05 (foster home) within 30 days of the child's placement in LA 09.
- The administrative rate service code authorized to the child placing agency must be 0784.

35. The following additional edits must be added for Service Code 0814: Teen Placement Sustained Action Payment

- One time only payment. Once paid cannot be reauthorized for this child to either the same or a different provider.
- P/DC must have the ability to enter this service code as an exception transaction.
- Youth must be age 13 years or older.
- The child must be maintained in an appropriate placement (LA's 01, 22, 02, 03 or 05) for 6 months (183 days) from the end date of the Shelter (LA 09) placement.
- The placement may have changed from one of the five approved LA's to another in that group, but may not change to any other living arrangement during this time period.
- The administrative rate service code authorized to the child placing agency must be 0784.

36. The following additional edits must be added for Service Code 0812: Same School Payment

- Supervision must be provided by a child placing agency, not FIA.
- The administrative rate service code authorized to the child placing agency must be 0784.
- The authorization must pend for P/DC approval.

37. Add a new requirement: No changes can be made to existing authorizations until all pends have been resolved.

- Add a sub-requirement: A blue message must be displayed advising the user that there are pending authorization(s) that must be resolved.

38. Add a new requirement: More than one non-scheduled payment authorization may be pended.

Please let me know if you need additional information.

cc: Bill Dodge
    Pat Wilson
    Tom Thelen
    Vicki Weller

11.2.3   Addendum 3

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Daniel Klodt, Manager   Date: October 23, 2002
          Service Area
          ITMS

From: Mary Ann Jensen, Consultant
          SWSS Policy
          Child and Family Services Adminstration

Subject: Non-Scheduled Payment Module Requirements - Addendum 3

It is necessary to amend the memos on above requirements submitted on September 24, 2002, October 2 and 21, 2002. Discussions with, and e-mails from, development staff along with several SER's have identified areas where the requirements were incomplete. The following additions are needed:

39. Add a new requirement: If a board and care authorization for family foster care or relative care is added retroactively and includes the date for the semi-annual clothing allowance (i.e., either 02/28/YYYY or 08/31/YYYY), this allowance must be automatically generated if not already authorized or paid for this time period.
40. Add a new requirement: If a board and care authorization is added retroactively and includes the date for the holiday allowance (i.e., 11/30/YYYY), this allowance must be automatically generated if not already authorized or paid for this time period.
41. Add a new requirement: Service codes 0808, 0825 and 0826 must be made to the board and care provider, the child placing agency (if there is one) or a provider type 45 in the Model Payment System.
42. Add a new requirement: The supervisor's NSP History screen must include the Log #, Primary worker load #, Case Name and Case Number.
43. Add a new requirement: When a non-scheduled payment authorization is pended to the supervisor, a tickler must be established for the supervisor. Once the pend is resolved, the tickler must be deleted.
44. Add a new requirement: Service codes 0805 and 0810 must be made to the board and care provider, the child placing agency (if there is one) or a new provider type for tutoring or assisted care in the Model Payment System.

Please let me know if you need additional information.

cc: Bill Dodge
     Pat Wilson
     Tom Thelen
     Vicki Weller

11.2.4   Addendum 4

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Daniel Klodt, Manager   Date: January 21, 2003
           Service Area
            ITMS

From: Mary Ann Jensen, Consultant
           SWSS Policy
           Child and Family Services Adminstration

Subject: Non-Scheduled Payment Module Requirements - Addendum 4

It is necessary to amend the memos on above requirements submitted on September 24, 2002, October 2, 21 and 23, 2002. The following is the F1 Help information for the Payment Module:

PAYMENT

Purpose

- Maintain a history of board and care authorizations and non-scheduled payment authorizations made through the Model Payments System.

- Automate input of payment authorization data into the Model Payments System (MPS).

Composition

The Payment section includes three screens; Payment Authorization History, Payment Authorization Request Board and Care 626 and Payment Authorization request Non Scheduled 634. All automated payment authorization   functions   take   place   on   these   screens.

- The **Payment Authorization History** screen provides the user the option to choose the history type to be displayed, Board and Care or Non-scheduled. The history screen displays authorizations by Provider as selected from the provider pick list. Action buttons allow the user to Add, Update and view authorizations or   return   to   the   Main   Menu.

- The **Payment Authorization Request Board and Care 626** screen displays the funding redetermination due date, placement data and case demographic information in the upper part of the screen. Data entry fields are located in the lower part of the screen. Action options allowed the user are New, Modify, Terminate, Delete and View and are active to the user based on the Action selected on the History screen. Command buttons are: **Rates/Service Codes** allow display changes, **Change serv code** allows changes to Service Codes for new authorizations, **Print FIA-626** generates a print of the authorization, **Cancel** returns the user to the History screen, **Pend** is used for authorizations requiring Zone or Central office approval and **Continue** which triggers SWSS to proceed with the authorization request. In View mode the user can select the **Close** button to be returned to the History screen.

- The **Payment Authorization Request Non-scheduled 634** screen displays case demographic information in the upper portion of the screen. The lower portion of the screen includes data entry fields. Action options include New, Modify, Delete and View and are active based on the Action selected from the History screen.

- Command buttons include: **Print FIA-634**-generating a print of the authorization, **Cancel** which returns the user to the History screen and **Continue** which triggers SWSS to proceed with the authorization request.

Cases must be active on SWSS FAJ and CIMS for payments to be authorized. Notification of the disposition of a pended authorization is done through automated e-mail to the user.

Please let me know if you need additional information.

cc: Bill Dodge
 Pat Wilson
 Tom Thelen
 Vicki Weller
 Sue Tomes

11.2.5 Addendum 5

FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Daniel Klodt, Manager
 Service Area
  ITMS

Date: January 23, 2003

From: Mary Ann Jensen, Consultant
 SWSS Policy
 Child and Family Services Adminstration

Subject: Non-Scheduled Payment Module Requirements - Addendum 5

It is necessary to amend the memos on above requirements submitted on September 24, 2002, October 2, 21 and 23, 2002, and January 21, 2003. Discussions with, and e-mails from, Wayne County FIA staff have identified areas where the Permanency Focused Initiative requirements need modification. The following changes are needed:

45. NSP-1.1.8.4.5.1 must be modified to state: "**To qualify for this payment, the administrative rate authorized to the agency must be service code 0784 AND t**he child must be placed with a parent …. within 290 days of the date **of removal from his/her parents** ~~service code 0784 was authorized~~ for th**is** out of home placement episode."

46. NSP-1.1.8.4.5.2 must be modified to state: "OR, **To qualify for this payment, the administrative rate authorized to the agency must be service code 0784 AND** parental rights must have been terminated …. within 515 days of the date **of removal from his/her parents** ~~service code 0784 was authorized~~ for th**is** out of home placement episode."

Please let me know if you need additional information.

cc: Bill Dodge
     Pat Wilson
     Tom Thelen
     Vicki Weller

11.2.6   Addendum 6

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Daniel Klodt, Manager	**Date:** January 23, 2003

To: Daniel Klodt, Manager
Service Area
 ITMS

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Adminstration

Subject: Non-Scheduled Payment Module Requirements - Addendum 5

It is necessary to amend the memos on above requirements submitted on September 24, 2002, October 2, 21 and 23, 2002, and January 21, 2003. Discussions with, and e-mails from, Wayne County FIA staff have identified areas where the Permanency Focused Initiative requirements need modification. The following changes are needed:

47. NSP-1.1.8.4.5.1 must be modified to state: "**To qualify for this payment, the administrative rate authorized to the agency must be service code 0784 AND t**he child must be placed with a parent …. within 290 days of the date **of removal from his/her parents** ~~service code 0784 was authorized~~ for th**is** out of home placement episode."

48. NSP-1.1.8.4.5.2 must be modified to state: "OR, **To qualify for this payment, the administrative rate authorized to the agency must be service code 0784 AND** parental rights must have been terminated …. within 515 days of the date **of removal from his/her parents** ~~service code 0784 was authorized~~ for th**is** out of home placement episode."

Please let me know if you need additional information.

cc: Bill Dodge
     Pat Wilson
     Tom Thelen
     Vicki Weller

11.2.7   Addendum 7

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To:	Daniel Klodt, Manager Service Area ITMS	**Date:** February 21, 2003
From:	Mary Ann Jensen, Consultant SWSS Policy Child and Family Services Adminstration	
Subject:	Non-Scheduled Payment Module Requirements - Addendum 7	

It is necessary to amend the memos on above requirements submitted on September 24, 2002, October 2, 21 and 23, 2002, and January 21, 23 and 28, 2003. Discussions with, and e-mails from, Project staff have identified areas where the requirements need modification. The following changes are needed:

49. NSP-1.1.8.4.8.3 must be modified to state: "…. pend ~~for P/DC~~ **to the supervisor for** approval."
50. Add a new requirement to NSP-1.1.8.4.8: (NSP-1.1.8.4.8.4?) One time only payment. Once paid cannot be reauthorized for this child to either the same or a different provider.
51. Add a new requirement to NSP-1.1.8.4.8: (NSP-1.1.8.4.8.5?) P/DC must have the ability to enter this service code as an exception transaction.
52. NSP-2.1.40.1 must be modified to state: "… **Authorizations for c**hildren under 10 must pend **to the supervisor and, if the supervisor approves the authorization,** to P/DC…."

Please let me know if you need additional information.

cc: Bill Dodge
     Pat Wilson
     Sue Tomes
     Tom Thelen
     Vicki Weller

11.2.8   Addendum 8

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Daniel Klodt, Manager   Date: February 24, 2003
          Service Area
           ITMS

From: Mary Ann Jensen, Consultant
          SWSS Policy
          Child and Family Services Adminstration

Subject: Non-Scheduled Payment Module Requirements - Addendum 8

It is necessary to amend the memos on above requirements submitted on September 24, 2002, October 2, 21 and 23, 2002, January 21, 23 and 28, 2003 and February 21, 2003. SER #5331 and discussions with Program, Project and Development staff have identified areas where the requirements need modification. The following changes are needed:

53. NSP-1.1.8.4.9.4 must be moved to NSP-1.1.8.4.9.4.1.
54. A new NSP-1.1.8.4.9.4 must be added. This requirement should state: "**The child must have been removed from his/her own home (01 or 22) or legal guardian (03) and placed immediately into shelter care (09) on or after October 1, 2002.**"
55. NSP-1.1.8.4.6.2.3 must be modified to state: "The child cannot be **have been** AWOL at any time during the month **immediately** preceding **the eligibility date for** the six month sustainment date **payment**."

Please let me know if you need additional information.

cc: Bill Dodge
     Pat Wilson
     Sue Tomes
     Tom Thelen
     Vicki Weller

11.2.9   Addendum 9

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Daniel Klodt, Manager   Date: March 5, 2003
           Service Area
            ITMS

From: Mary Ann Jensen, Consultant
           SWSS Policy
           Child and Family Services Adminstration

Subject: Non-Scheduled Payment Module Requirements - Addendum 9

It is necessary to amend the memos on above requirements submitted on September 24, 2002, October 2, 21 and 23, 2002, January 21, 23 and 28, 2003 and February 21 and 24, 2003. Discussions with Program, Project and Development staff have identified areas where the requirements need modification. The following changes are needed:

56. The maximum amount specified in NSP-1.1.8.4.1 must be changed to **$500.** It was $300.
57. Sub-requirements must added to NSP-1.1.8.6.1, NSP-1.1.8.6.2 and NSP-1.1.8.6.3. These requirements should state: "P/DC must have the ability to enter this service code as an exception transaction."
58. NSP-2.1.25.1 must be modified to add TG/LS's **46, 52, 92 and 93**.
59. NSP-2.1.63 and NSP-2.1.64 can be deleted.

Please let me know if you need additional information.

cc: Bill Dodge
      Pat Wilson
      Sue Tomes
      Tom Thelen
      Vicki Weller

11.2.10   Permanency Focused Initiative Addendum 1

S T A T E O F M I C H I G A N
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To:	Daniel Klodt, Manager	Date:	October 24, 2002
	Service Area		
	ITMS		

From: Mary Ann Jensen, Consultant
SWSS FAJ
Child and Family Services Administration

Subject: Permanency Focused Initiative - SR 201067 (SCR 783) - Addendum 1

It is necessary to amend the requirements in the memo dated February 20, 2002 for the Permanency Focused Initiative. The following modifications (**in bold**) are necessary:

1. If the children's foster care case is supervised by a private child placing agency, **the child is in family foster care (LA 05)** and the Court of Jurisdiction is in Wayne County, ~~only~~ Service Code 0780, **0781** or 0784 can be selected for the administrative rate.

    - **If the user selects Service Code 0781, the authorization must pend to P/DC.**

    - **If the child is in relative care (LA 02) and the case is supervised by a private child placing agency, either service code 0780 or 0784 can be selected for the administrative rate.**

2. For children removed from their homes on or after 10/1/2002:

    - If Service Code 0780 has been selected for a Wayne County children's foster care case, the payment authorization cannot exceed 30 days.   Exception processing is needed for an extension beyond 30 days.

    - **If the user selects Service Code 0781, the authorization must pend to P/DC.**

    - Any further payment authorizations, during this placement episode, that include an administrative rate must use the 0784 Service Code.

    - **Exception: If the user selects Service Code 0781, the authorization must pend to P/DC.**

    - **If Service Code 0784 has <u>not</u> been established for the private child placing agency, either Service Code 0780 or 0781 can be selected, can exceed 30 days and does not have to pend to P/DC.**

Permanency Focused Initiative – Addendum 1
October 24, 2002
Page –2-

    - If this is the first placement episode for the child or if the child is returning to care after a 365 day or more placement in his/her own home or with a legal guardian and the Service Code is 0784, send an indicator to MPS that the initial placement payment is required.

Please let me know if you need additional information.

cc: Pat Wilson
     Bill Dodge
     Vicki Weller

Tom Thelen
Lynn Nee